

2002

Wisconsin
Nursing Homes
and Residents

*Bureau of Health Information
Division of Health Care Financing
Wisconsin Department of Health and Family Services*

Wisconsin Nursing Homes and Residents 2002

November 2003

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Foreword

This report presents key statistical information about Wisconsin nursing homes and their residents.

The source of data for most of the information in this report is the 2002 Annual Survey of Nursing Homes. This survey is conducted annually by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, in cooperation with the Division of Health Care Financing, Bureau of Fee-for-Service Health Care Benefits; the Division of Disability and Elder Services, Bureau of Quality Assurance; and the state's nursing home industry.

The Bureau of Health Information would like to acknowledge and thank the personnel of all Wisconsin nursing homes who provided information about their facilities and residents.

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A copy of the survey instrument used to collect the data presented in this report is included in the Appendix. Copies of this report are available on the Department's Web site at <http://www.dhfs.state.wi.us/provider/index.htm>. Suggestions, comments and requests for additional data may be addressed to:

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Table of Contents

Foreword	ii
Introduction.....	1
Key Findings.....	3

Nursing Home Characteristics

Table 1. Selected Measures of Nursing Home Utilization, 1997-2002	5
Figure 1. Number of Nursing Home Licensed Beds and Staffed Beds, 1992-2002	6
Figure 2. Percent of Licensed Beds Not Staffed, 1992-2002.....	6
Table 2. Nursing Home Capacity by Licensure Category, Ownership, and Bed Size.....	7
Table 3. Nursing Home Capacity by County	8
Table 4. Number of Medicaid- and Medicare-Certified Nursing Homes and Beds, 1992-2002	10
Figure 3. Number of Medicare-Certified Facilities and Beds, 1992-2002	10
Table 5. Skilled Nursing Facilities with Special Units for Alzheimer's Disease, 1992-2002.....	11
Figure 4. Number of Alzheimer's Beds and Nursing Home Residents with Alzheimer's, 1992-2002	11
Table 6. Specialized Capacity of Skilled Nursing Facilities by County.....	12
Figure 5. Nursing Home Average Per Diem Rates by Primary Pay Source, December 31, 2000-2002.....	14
Table 7. Nursing Home Average Per Diem Rates by Care Level and Primary Pay Source, December 31, 2002	15
Table 8. Number of Nursing Homes Providing Services to People Not Residing in the Facility, Selected Years	16
Table 9. Frequency of Family Council Meetings by Nursing Home Ownership Category	17

Nursing Home Employees

Table 10. Nursing Home Employees	18
Figure 6. Nursing Staff per 100 Nursing Home Residents, 1992-2002	19
Table 11. Nursing Staff Hours (by Shift) per 100 Residents, Skilled Nursing Facilities, December 1-14, 2002	20
Figure 7. Nursing Staff Hours per Day per Resident, Skilled Nursing Facilities, 1999-2002	21
Figure 8. Nursing Staff Turnover Rate by Facility Ownership.....	22
Figure 9. Nursing Staff Retention Rate by Facility Ownership	23

Nursing Home Admissions and Discharges

Table 12. Nursing Home Admissions by Level of Care, 1992-2002.....	24
Figure 10. Percent of Admissions by Level of Care, 1992-2002	24
Table 13. Nursing Home Admissions by Primary Pay Source, 1992-2002.....	25
Figure 11. Percent of Admissions by Primary Pay Source, 1992-2002	25

Table 14. Number of Nursing Home Admissions by Primary Pay Source and Level of Care	26
Table 15. Number of Nursing Home Admissions by Age and Level of Care	27
Table 16. Nursing Home Admissions by Care Location Prior to Admission.....	28
Table 17. Discharge Status or Care Destination of Nursing Home Residents Discharged	29

Nursing Home Residents

Table 18. Age-Specific Nursing Home Utilization Rates, 1992-2002	30
Figure 12. Nursing Home Utilization Rates Age 65+ and 85+, 1992-2002.....	30
Table 19. Number of Nursing Home Residents by Level of Care, 1992-2002.....	31
Figure 13. Percent of Residents by Level of Care on December 31, 1992-2002.....	31
Table 20. Number of Nursing Home Residents by Primary Pay Source and Level of Care, December 31	32
Table 21. Percent of Nursing Home Residents by Age and Primary Disabling Diagnosis.....	33
Figure 14. Percent of Nursing Home Residents by Primary Disabling Diagnosis.....	34
Table 22. Length of Stay of Nursing Home Residents by Licensure Category.....	35
Table 23. Age of Nursing Home Residents by Licensure Category.....	36
Figure 15. Nursing Home Residents by Age and Sex	36
Table 24. Legal Status of Nursing Home Residents	37
Table 25. Nursing Home Residents With Medicaid as Primary Pay Source by Eligibility Date and Licensure Category	38
Table 26. Number of Residents Who Ever Received Pre-admission Screening and Resident Review (PASRR) by Licensure Category, Medicaid-Certified Facilities.....	39
Table 27. Use of Physical Restraints Among Nursing Home Residents, by Facility Ownership.....	40
Figure 16. Percent of Nursing Homes With No Physically Restrained Residents, by Facility Ownership, December 31, 1995-2002	40
Table 28. Resident Need for Help with Selected Activities of Daily Living (ADLs) by Age (Medicare- and Medicaid-Certified Facilities Only)	41
Table 29. Selected Characteristics of Nursing Home Residents by Age (Medicare- and Medicaid-Certified Facilities Only)	42
Table 30. Height and Weight of Nursing Home Residents by Sex and Age (Medicare- and Medicaid-Certified Facilities Only)	43

Technical Notes	45
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Appendix (Survey Form)	49
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Introduction

All of the information about facilities and most of the information about residents in this report is derived from the 2002 Annual Survey of Nursing Homes conducted by the Wisconsin Department of Health and Family Services. Where appropriate, data from previous surveys are provided for comparison purposes.

The Annual Survey of Nursing Homes utilizes a survey date of December 31; that is, facilities are asked to report many survey items as of that date. For example, in the most recent survey each nursing home reported the number of facility residents and the number of staffed beds as of December 31, 2002. Other data items, such as the number of inpatient days, were reported for all of calendar year 2002.

This report presents data from nursing homes (defined by Wisconsin Administrative Code HFS 132.14 (1)), which include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and institutions for mental diseases (IMDs).

In 2002, there were 408 nursing homes licensed to provide services in Wisconsin under state administrative code HFS 132. As in previous years, this report excludes information from Clearview Sanatorium, Delafield, because this religious facility differs significantly from other nursing homes in the types of care provided. Data on this facility can be found in the *Wisconsin Nursing Home Directory, 2002* (compiled by the Bureau of Health Information, Department of Health and Family Services).

In addition to the facility-based aggregate data on nursing home residents, detailed resident-based data were submitted by 405 Medicare- and/or Medicaid-certified skilled nursing facilities, intermediate care facilities, and institutions for mental diseases. Facilities certified to provide care under the Medicare and/or Medicaid programs have met the Conditions of Participation developed by the federal Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration). The detailed resident-based data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by nursing homes to regularly assess each resident's health care needs and functional status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

Tables 28, 29 and 30 in this report are based on the MDS resident-based data collected from the 402 Medicare- and/or Medicaid-certified nursing homes. The count of nursing home residents at the end of 2002 based on MDS data differed little from the aggregate count of residents taken on December 31. See the Technical Notes (page 45) for a description of how this discrepancy was handled in preparing the data.

Nursing homes in Wisconsin are licensed to accept patients with specific categories of health care needs. Skilled nursing facilities (SNFs) and intermediate care facilities (ICFs) provide primarily medical care to restore individuals to their rehabilitative potential. Institutions for mental diseases (IMDs) serve residents with psychotic and nonpsychotic mental illness.

For reimbursement purposes, residents of nursing homes are classified according to the levels of care and types of services they require. Intense skilled nursing (ISN) care is provided to residents who need complex interventions and monitoring by professional nurses with specialized nursing assessment skills. Skilled nursing (SN) care is provided by, or under the supervision of, registered nurses and requires skill in assessing, observing and supervising the physical, emotional, social and restorative care needs of a patient. Intense skilled and skilled nursing care is provided on a continuous basis under the general direction of a physician.

Intermediate care (ICF-1) is professional, general nursing care needed to maintain the stability of patients with long-term illnesses or disabilities. Limited care (ICF-2) includes simple nursing procedures required to

maintain the stability of patients with long-term illnesses or disabilities. Personal care (ICF-3) is limited to assistance, supervision and protection for individuals who need periodic medical services, but not ongoing nursing care. Residential care (ICF-4) is provided to disabled individuals who need social services or activity therapy based on a physician's directive.

Key Findings

- Wisconsin had 408 nursing homes in 2002 including 403 skilled nursing facilities (SNFs), 2 intermediate care facilities (ICFs), and 3 institutions for mental diseases (IMDs).
- Four nursing homes in Wisconsin closed in 2002: two nonprofit homes, one proprietary home, and one governmental home. One nonprofit facility opened.
- From 1997 to 2002, the following measures of Wisconsin nursing home utilization declined.
 - ⇒ The total number of residents on December 31 declined 13 percent, from 42,040 to 36,590.
 - ⇒ Percent occupancy decreased from 88.6 percent to 85.2 percent (3.4 percentage points.)
 - ⇒ The nursing home utilization rate decreased from 56.8 to 47.7 per 1,000 for persons aged 65 and over (16 percent), and from 235 to 179 per 1,000 for persons aged 85 and over (23 percent).
- From 1992 to 2002, the number of licensed beds declined 10 percent, from 48,170 to 43,270. The number of staffed beds decreased 15 percent during this decade, from 47,300 to 40,400.
- In 2002, 81 percent of all licensed skilled-care beds (34,914 out of 43,044) were Medicare-certified, up from 76 percent in 2001.
- The average per diem rate in 2002 for care received by nursing home residents was \$141, an increase of 7 percent from 2001 (\$132). In 2002, the overall rate of inflation was 1.6 percent, as measured by the consumer price index, and the inflation rate for medical care was 4.7 percent.
- The number of full-time equivalent employees (FTEs) per 100 nursing home residents increased from 103.4 in 2001 to 104.5 in 2002.
- In 2002, on average, nursing homes in Wisconsin provided 3.43 hours of direct care per day per resident at the skilled level of care, 37 percent higher than the state minimum requirement. Of the 3.43 hours, more than one hour was provided by either an RN or an LPN, 0.6 hour was RN care only, 0.48 hour for LPN care only and 2.36 hours for NA care only.
- Compared to the national average, nursing home staff time per patient day in Wisconsin in 2001 was 29 percent higher for RNs, 34 percent lower for LPNs, 6 percent higher for NAs, and about the same for the average for nursing staff overall.
- From 2001 to 2002, turnover rates in nursing homes of all ownership types declined or stayed the same, with the exception of the rate for full-time registered nurses in nonprofit facilities, which increased from 21 percent to 23 percent.
- In 2002, the percent of part-time registered nurses who had worked at the facility for more than one year increased in all types of facilities. Full-time RNs also had a higher retention rate in 2002 with the exception of nonprofit homes.
- Ninety-nine percent of nursing home residents admitted in 2002 required intense skilled nursing or skilled nursing care, compared with 91 percent in 1992.
- Nursing home admissions increased 73 percent between 1992 and 2002 (at an average annual rate of 7 percent).

-
- In 2002, 72 percent of admissions had Medicare as primary pay source (compared with 68 percent in 2001), 11 percent had Medicaid (12 percent in 2001), and 12 percent were private pay (same as in 2001).
 - Among residents admitted in 2002 at the intense skilled nursing level of care, Medicare was the primary pay source for 82 percent, up from 76 percent in 2001. Five percent of all admissions were at the intense skilled level of care, the same as in 2001.
 - Ninety percent of people admitted to Wisconsin nursing homes in 2002 were 65 years of age and older.
 - Eighty-one percent of residents admitted to skilled nursing facilities and intermediate care facilities in 2002 came directly from an acute care hospital, compared to 79 percent the previous year.
 - Overall, 42 percent of nursing home discharges in 2002 were to private homes.
 - Between 1992 and 2002, the nursing home utilization rate declined 20 percent for people aged 65 and over; and declined 33 percent for people aged 85 and over.
 - On December 31, 2002, 65 percent of nursing home residents had Medicaid as their primary pay source, down from 67 percent in 2001.
 - On December 31, 2002, 36 percent of SNF and ICF residents had been in the nursing home less than one year (unchanged from the previous year). Seventeen percent had been there less than 100 days, compared to 16 percent in 2001.
 - Seventy-one percent of all nursing home residents were females, and 29 percent were males.
 - In 2002, 50 percent of SNF/ICF residents with Medicaid had been eligible at time of admission, up from 48 percent in 2001. This figure remained unchanged between 1999 and 2001.
 - On December 31, 2002, 4 percent of all Wisconsin nursing home residents were being physically restrained, compared with 5 percent in 2001 and 7 percent in 2000.
 - The percent of nursing homes which reported having *no* physically restrained residents on December 31 increased from 3 percent in 1995 to 31 percent in 2002.
 - Fifteen percent of nursing home residents were independent in all four Activities of Daily Living (ADLs) in 2002, compared to 16 percent in 2001, 18 percent in 2000 and 19 percent in 1999 (not shown).

Table 1. Selected Measures of Nursing Home Utilization, Wisconsin 1997-2002

Utilization Measure	1997	1998	1999	2000	2001	2002
As of December 31:						
Number of Nursing Homes	428	425	424	419	411	408
Licensed Beds	48,016	47,780	47,296	45,978	44,319	43,274
Beds Set Up and Staffed	46,835	46,239	44,920	42,883	41,471	40,414
Total Residents	42,042	40,625	39,719	38,381	37,506	36,587
Residents Age 65 and Over						
Number	39,132	37,764	36,864	35,643	34,728	33,841
Percent	93.1	93.0	92.8	92.9	92.6	92.5
Rate per 1,000 Population*	56.8	54.3	52.9	50.7	48.9	47.7
Residents Age 85 and Over						
Number	20,856	20,281	19,725	19,236	19,037	18,575
Percent	49.6	49.9	49.7	50.1	50.8	50.8
Rate per 1,000 Population*	234.5	216.4	206.6	201.2	197.0	179.4
Medicaid Residents (Percent)	67.2	67.7	66.8	66.8	66.7	65.4
Calendar Year:						
Inpatient Days	15,485,202	15,016,447	14,596,115	14,186,112	13,798,119	13,546,635
Percent Change	-2.6	-3.0	-2.8	-2.8	-2.7	-1.8
Average Daily Census	42,530	41,257	40,004	38,852	37,816	37,112
Percent Occupancy**	88.6	86.3	84.6	84.5	84.6	85.2
Percent of Licensed Beds Not Staffed**	2.5	3.2	5.0	6.7	7.2	7.2
Total Admissions	49,143	51,277	51,186	51,277	51,741	52,290
Total Discharges and Deaths	50,067	52,462	51,984	51,947	52,101	52,982

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

* The rate is the number of nursing home residents per 1,000 population in this age group.

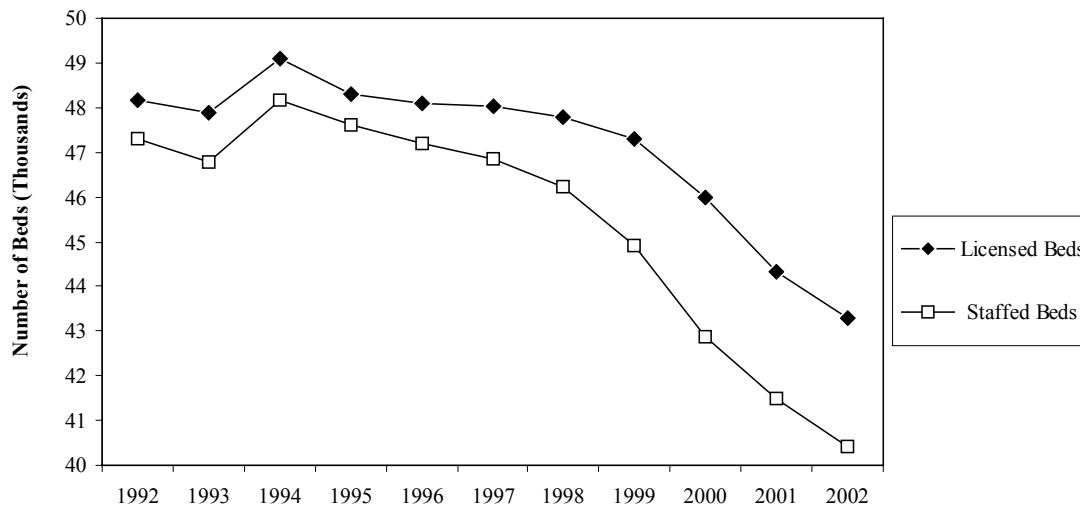
** Percent occupancy equals average daily census divided by licensed beds, multiplied by 100. Due to bed reductions at nursing homes, occupancy rates (percent occupancy and percent of beds not staffed) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31.

Notes: Throughout this report, **nursing homes** are defined to include skilled nursing facilities, intermediate care facilities, and institutions for mental diseases (see HFS 132.14 (1)).

The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

- From 1997 to 2002, the following measures of Wisconsin nursing home utilization declined.
 - ⇒ Staffed beds declined from 46,840 to 40,410, a decrease of 14 percent.
 - ⇒ Licensed beds declined 10 percent, from 48,020 to 43,280.
 - ⇒ The percent of nursing home beds that were not staffed (licensed but not staffed) increased from 2.5 percent in 1997 to 7.2 percent in 2002.
 - ⇒ The total number of residents on December 31 declined 13 percent, from 42,040 to 36,590.
 - ⇒ The number of inpatient days also declined 13 percent, from 15.5 million to 13.5 million.
 - ⇒ Percent occupancy decreased from 88.6 percent to 85.2 percent (3.4 percentage points.)
 - ⇒ The nursing home utilization rate decreased from 56.8 to 47.7 per 1,000 for persons aged 65 and over (16 percent), and from 235 to 179 per 1,000 for persons aged 85 and over (23 percent).
- Over the same period, annual admissions increased from 49,140 to 52,290, or 6 percent.
- According to the National Nursing Home Survey, the average percent occupancy nationwide in 1999 (the latest data available) was 86.6 percent (see Technical Notes on page 48 for source).

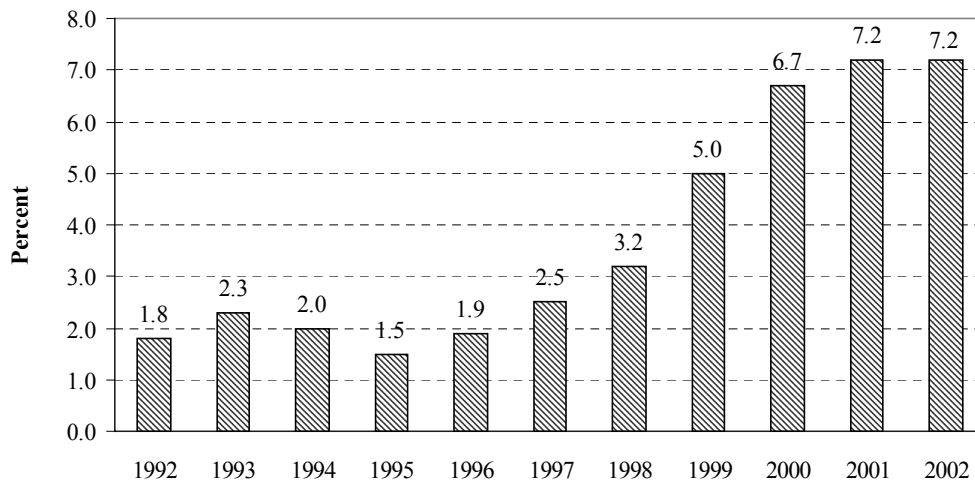
Figure 1. Number of Nursing Home Licensed Beds and Staffed Beds, Wisconsin 1992-2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

Figure 2. Percent of Nursing Home Licensed Beds Not Staffed, Wisconsin 1992-2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- From 1992 to 2002, the number of licensed beds declined 10 percent, from 48,170 to 43,270. The number of staffed beds decreased 15 percent during this decade, from 47,300 to 40,400.
- The percent of licensed beds that were not staffed tripled, from 1.8 percent to 7.2 percent.

Table 2. Nursing Home Capacity by Licensure Category, Facility Ownership and Bed Size, Wisconsin 2002

Selected Facility Characteristics	Facilities		Licensed Beds		Percent of Beds Not Staffed	Percent Occupancy
	Number	Percent	Number	Percent		
State Total	408	100	43,274	100	7.2	85.2
Licensure Category						
Skilled Nursing Facilities	403	99	43,044	99	7.2	85.2
Intermediate Care Facilities	2	<1	48	<1	4.2	91.7
Institutions for Mental Diseases	3	1	182	<1	0.0	96.7
Facility Ownership						
Governmental	59	14	8,213	19	7.7	85.7
Nonprofit	155	38	15,553	36	6.4	87.5
Proprietary	194	48	19,508	45	7.6	83.2
Bed Size						
Less than 50 beds	44	11	1,416	3	3.1	82.5
50-99 beds	187	46	13,806	32	5.2	86.5
100-199 beds	140	34	18,446	43	6.3	85.9
200 beds and over	37	9	9,606	22	12.1	82.7

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1). Due to bed reductions at nursing homes, occupancy rates (percent of beds not staffed and percent of occupancy) were calculated using the average number of licensed beds rather than the number of licensed beds on December 31.

- Four nursing homes in Wisconsin closed in 2002: two nonprofit homes, one proprietary home, and one governmental home. One nonprofit facility opened.
- Compared with 2001, the number of licensed beds decreased 4 percent for governmental homes, 3 percent for proprietary homes, and less than 1 percent for nonprofit homes.
- All four nursing homes that closed had a bed size of less than 100.
- One institution for mental diseases (IMD) closed in 2002. The number of licensed IMD beds declined by 34 percent in 2002, after decreasing 11 percent in 2001 and 8 percent in 2000.
- The overall occupancy rate for Wisconsin nursing homes increased about half a percentage point from 2001, from 84.6 percent to 85.2 percent.
- The percent of beds not staffed increased for nonprofit facilities, but decreased for governmental and proprietary facilities.
- The number of nursing homes with 100 or more beds declined from 183 in 2001 to 177 in 2002.
- Facilities with 200 beds and over had the highest percent of beds not staffed (12.1 percent), while homes with less than 50 beds had the lowest (3.1 percent).

Nursing Home Characteristics

Table 3. Nursing Home Capacity by County, Wisconsin 2002

County of Location	Facilities on 12/31/02	Licensed Beds on 12/31/02	Staffed Beds on 12/31/02	Total Inpatient Days	Residents on 12/31/02	Average Daily Census	Percent Occupancy
State Total	408	43,274	40,414	13,546,635	36,587	37,112	85.2%
Adams	2	120	117	34,863	98	96	79.1
Ashland	3	308	253	80,400	209	220	71.3
Barron	8	535	525	172,443	461	471	87.9
Bayfield	1	75	75	25,735	72	71	92.8
Brown	14	1,408	1,334	427,877	1,149	1,172	83.0
Buffalo	2	160	150	47,526	129	131	81.6
Burnett	2	147	147	50,557	142	138	93.9
Calumet	3	243	216	72,011	187	197	80.1
Chippewa	6	674	630	223,849	612	613	90.7
Clark	4	472	447	153,858	422	422	89.0
Columbia	5	532	504	167,367	443	459	86.0
Crawford	2	163	157	48,561	123	133	81.2
Dane	21	2,037	1,955	634,556	1,703	1,737	85.3
Dodge	10	1,148	1,035	355,737	959	973	84.2
Door	3	231	209	70,643	198	194	83.4
Douglas	4	474	432	150,747	401	413	86.6
Dunn	3	292	269	88,524	246	242	81.7
Eau Claire	7	722	679	223,560	617	611	84.1
Florence	1	74	73	22,797	61	62	83.8
Fond du Lac	10	949	930	299,768	824	822	82.1
Forest	2	143	143	49,557	140	136	95.1
Grant	9	656	633	213,386	581	584	89.1
Green	3	319	303	102,655	276	282	87.9
Green Lake	3	229	214	66,652	178	182	78.8
Iowa	3	195	185	52,341	149	143	73.0
Iron	2	106	106	37,957	106	104	98.1
Jackson	2	217	191	60,673	161	166	75.7
Jefferson	4	415	349	115,722	288	318	76.0
Juneau	3	200	200	69,732	192	191	95.5
Kenosha	9	1,127	1,043	345,109	955	946	83.8
Kewaunee	2	147	113	37,223	102	102	69.2
La Crosse	8	1,037	982	323,931	881	887	84.7
Lafayette	1	99	97	30,885	88	85	85.4
Langlade	1	173	165	58,730	156	161	93.1
Lincoln	3	349	311	103,695	282	284	81.4
Manitowoc	6	810	784	280,364	743	768	91.3
Marathon	6	855	814	287,348	787	787	91.8
Marinette	6	614	599	201,918	559	554	88.3
Marquette	1	46	46	16,178	42	44	95.7
Milwaukee	51	7,136	6,508	2,167,967	5,833	5,943	83.1
Monroe	4	354	330	108,115	291	296	83.3%

(Continued)

Nursing Home Characteristics

Table 3. Nursing Home Capacity by County, Wisconsin 2002 (Continued)

County of Location	Facilities on 12/31/02	Licensed Beds on 12/31/02	Staffed Beds on 12/31/02	Total Inpatient Days	Residents on 12/31/02	Average Daily Census	Percent Occupancy
Oconto	3	218	215	72,054	195	197	90.2%
Oneida	3	315	305	102,186	278	280	88.7
Outagamie	10	1,051	1,019	351,976	936	963	91.5
Ozaukee	4	522	480	164,502	447	451	86.2
Pepin	2	108	108	38,678	106	106	98.1
Pierce	5	323	301	94,650	246	259	79.5
Polk	6	471	447	151,697	427	416	88.0
Portage	2	309	298	87,786	227	241	78.0
Price	2	252	225	70,974	191	195	77.4
Racine	7	1,030	827	311,623	797	855	83.0
Richland	2	144	136	44,816	120	123	85.2
Rock	10	1,021	856	288,783	759	794	74.9
Rusk	2	159	159	50,890	144	140	88.1
St. Croix	9	680	612	195,338	536	536	78.3
Sauk	6	492	452	152,332	418	416	84.0
Sawyer	2	136	135	45,659	120	126	92.6
Shawano	5	495	443	150,160	403	411	82.3
Sheboygan	11	1,111	1,083	348,979	984	957	88.7
Taylor	3	252	223	70,462	192	193	76.5
Trempealeau	9	551	547	184,965	504	507	91.7
Vernon	4	360	325	106,917	290	292	80.9
Vilas	2	171	135	40,163	87	110	63.8
Walworth	8	667	651	224,513	608	615	91.8
Washburn	2	160	160	51,371	143	140	87.5
Washington	5	708	686	245,776	642	672	89.8
Waukesha	17	2,191	2,103	698,153	1,910	1,911	87.2
Waupaca	10	1,452	1,433	499,068	1,379	1,367	94.0
Waushara	1	78	78	25,625	71	70	89.7
Winnebago	10	1,147	1,066	377,723	995	1,034	90.0
Wood	6	709	653	217,299	586	595	83.7%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The number of residents was based on the county of residence prior to entering the nursing home.

Average daily census is the number of residents on an average day during the year.

Percent occupancy is the average percent of licensed beds occupied during the year.

Menominee County is not listed because there are no nursing homes in that county.

- Statewide, staffed beds on December 31 declined 3 percent in 2002. Staffed beds in Milwaukee County increased 3 percent, after two consecutive years of decline.
- In Sheboygan County, licensed beds declined 10 percent, total inpatient days dropped 5 percent, and the average occupancy rate increased from 80.2 percent to 88.7 percent.
- Vilas County had the lowest occupancy rate (63.8 percent) in Wisconsin, while Pepin and Iron counties had the highest (98.1 percent).
- Among 13 counties which had more than 1,000 licensed beds, Waupaca County had the highest occupancy rate (94 percent).

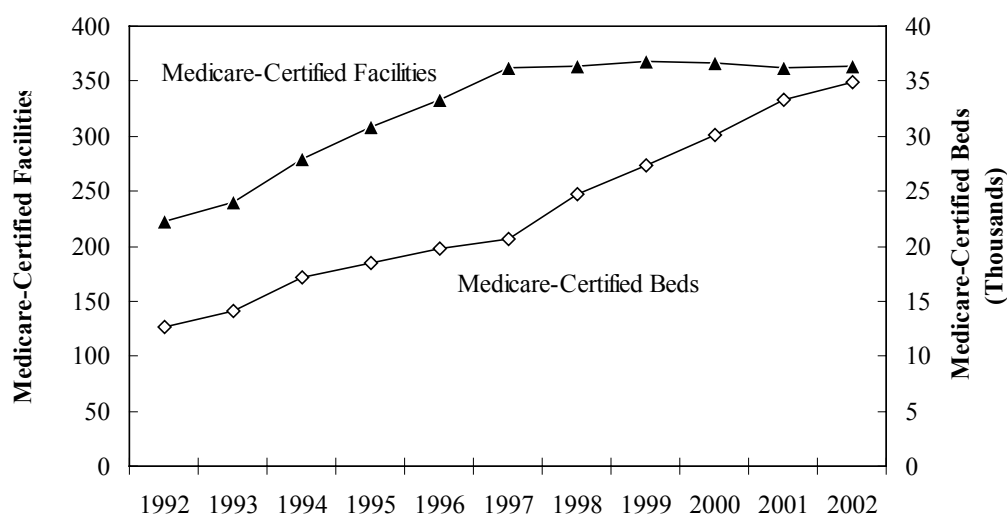
Nursing Home Characteristics

Table 4. Number of Medicaid- and Medicare-Certified Nursing Homes and Beds, Wisconsin 1992-2002

Year	Medicaid-Certified Facilities		Medicare-Certified Facilities		Medicare-Certified Beds	
	Number	Percent	Number	Percent	Number	Percent
1992	393	96%	223	55%	12,710	26%
1993	390	97	240	60	14,132	30
1994	402	97	279	67	17,236	35
1995	402	96	309	74	18,412	38
1996	403	96	333	79	19,761	41
1997	403	94	362	85	20,716	43
1998	403	95	363	85	24,677	52
1999	404	95	368	87	27,320	58
2000	400	95	366	87	30,079	66
2001	393	96	362	88	33,320	76
2002	389	95	363	89	34,914	81

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Figure 3. Number of Medicare-Certified Facilities and Beds, Wisconsin 1992-2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: A Medicare-certified facility may have all or only some of its beds certified for Medicare patients. On the annual survey, each Medicare-certified facility reports the number of its beds that are Medicare-certified.

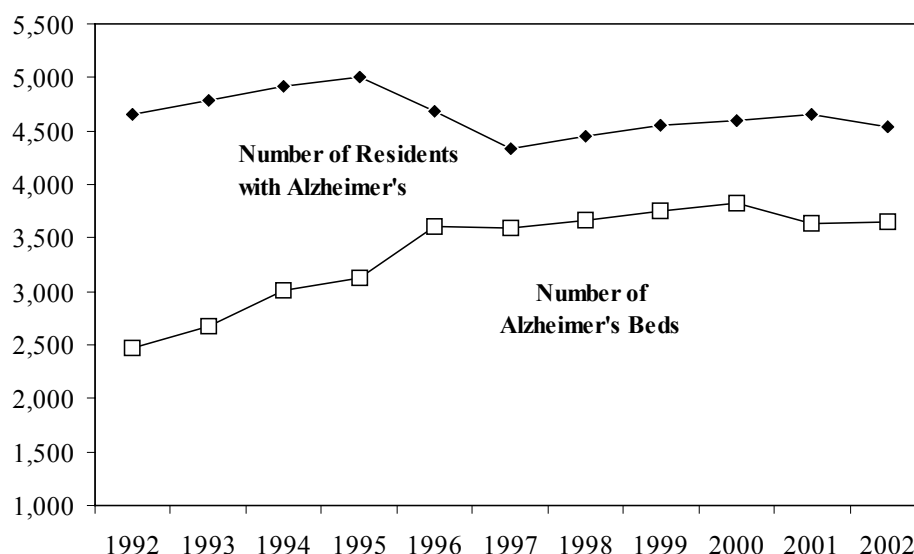
- Medicare-certified beds in Wisconsin nursing homes increased 175 percent between 1992 and 2002.
- Medicare-certified beds increased 5 percent in 2002 while the number of Medicare-certified facilities increased by only one.
- In 2002, 81 percent of all licensed skilled-care beds (34,914 out of 43,044) were Medicare-certified, up from 76 percent in 2001.
- Between 1997 and 2002, the number of Medicare-certified facilities remained relatively stable, while the number of Medicare-certified beds increased by 69 percent.

Table 5. Skilled Nursing Facilities with Special Units for Alzheimer's Disease, Wisconsin 1992-2002

Year	Number of Facilities	Percent of Facilities	Number of Alzheimer's Beds	Total Residents With Alzheimer's
1992	71	18%	2,477	4,654
1993	75	17	2,678	4,782
1994	86	21	3,009	4,914
1995	91	22	3,123	5,004
1996	108	26	3,607	4,686
1997	111	26	3,590	4,336
1998	118	28	3,663	4,454
1999	124	30	3,756	4,547
2000	133	32	3,821	4,595
2001	126	31	3,633	4,649
2002	127	32%	3,649	4,536

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Figure 4. Number of Alzheimer's Beds and Nursing Home Residents with Alzheimer's, Wisconsin 1992-2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The number of nursing home residents with Alzheimer's disease decreased 2 percent between 2001 and 2002, while the number of beds in self-designated special units for Alzheimer's increased by 16 beds (less than 1 percent).
- From 1992 to 2002, the number of beds in special units for Alzheimer's disease increased 47 percent, while the number of nursing home residents with a primary diagnosis of Alzheimer's increased 3 percent. There were 1.2 nursing home residents with Alzheimer's for every Alzheimer's bed in 2002, down from 1.9 for each bed in 1992.

Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 2002

County of Location	Medicare-Certified Facilities	Medicare-Certified Beds	Alzheimer's Units	Alzheimer's Beds	Total Number Of Alzheimer's Residents on 12/31
State Total	363	34,914	127	3,649	4,536
Adams	1	102	0	0	10
Ashland	2	213	1	49	30
Barron	4	279	3	60	86
Bayfield	1	75	0	0	14
Brown	13	842	4	108	209
Buffalo	2	150	0	0	16
Burnett	2	147	0	0	7
Calumet	3	173	1	12	32
Chippewa	5	518	1	100	40
Clark	4	356	2	69	67
Columbia	5	532	3	65	62
Crawford	2	163	0	0	18
Dane	20	1,834	6	189	180
Dodge	10	978	2	68	136
Door	3	209	2	39	39
Douglas	4	474	2	84	54
Dunn	2	116	2	32	32
Eau Claire	7	684	2	27	91
Florence	1	74	0	0	0
Fond du Lac	9	726	6	141	124
Forest	2	143	2	39	13
Grant	9	584	4	64	99
Green	3	303	2	40	20
Green Lake	3	224	1	12	28
Iowa	3	195	1	26	37
Iron	1	70	0	0	13
Jackson	2	217	1	28	29
Jefferson	4	280	0	0	38
Juneau	3	200	2	28	19
Kenosha	9	907	1	24	99
Kewaunee	2	127	1	8	8
La Crosse	7	654	3	121	113
Lafayette	1	99	1	10	9
Langlade	1	165	0	0	0
Lincoln	3	344	0	0	40
Manitowoc	6	620	3	136	84
Marathon	6	792	1	58	79
Marinette	6	614	4	67	69
Marquette	1	46	0	0	3
Milwaukee	46	6,319	18	651	610
Monroe	4	339	1	29	38

(Continued)

Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 2002

County of Location	Medicare-Certified Facilities	Medicare-Certified Beds	Alzheimer's Units	Alzheimer's Beds	Total Number Of Alzheimer's Residents on 12/31
Oconto	3	218	1	16	36
Oneida	2	74	2	56	27
Outagamie	9	929	3	82	109
Ozaukee	4	374	1	34	45
Pepin	2	108	0	0	3
Pierce	5	268	2	34	48
Polk	4	328	1	17	75
Portage	2	198	0	0	34
Price	2	99	1	30	15
Racine	6	858	3	161	149
Richland	1	22	1	11	9
Rock	10	707	2	49	99
Rusk	2	159	0	0	23
St. Croix	9	678	1	10	93
Sauk	4	345	1	24	71
Sawyer	2	135	0	0	9
Shawano	4	297	3	41	58
Sheboygan	8	869	3	73	63
Taylor	2	202	0	0	21
Trempealeau	4	282	2	35	59
Vernon	4	360	1	19	47
Vilas	1	80	1	24	28
Walworth	7	461	1	57	89
Washburn	1	70	0	0	17
Washington	5	691	2	108	93
Waukesha	15	2,051	4	138	166
Waupaca	8	667	3	121	134
Waushara	1	78	1	24	9
Winnebago	9	842	3	75	121
Wood	5	577	1	26	91

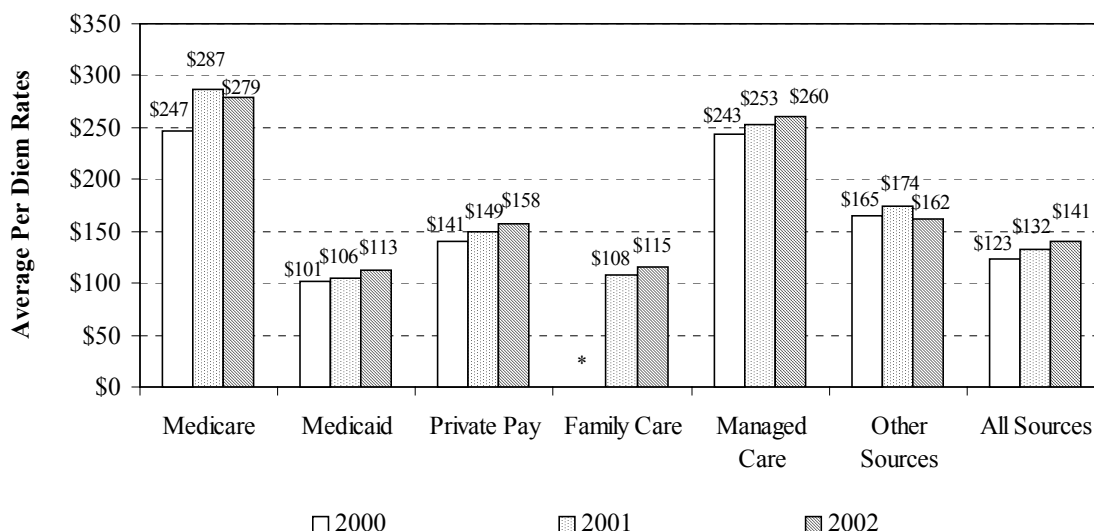
Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: This table shows two aspects of specialized capacity among skilled nursing facilities: (1) facilities that are certified to provide Medicare-reimbursed care, and the number of beds for which they are certified to provide this care; and (2) facilities with self-designated special Alzheimer's units, and the number of beds in those units.

Menominee County is not listed because there are no nursing homes in that county.

- In 2002, four counties had a growth rate higher than 50 percent in the number of Medicare-certified beds: Jackson, Sheboygan, Iron, and Douglas. Statewide, the number of Medicare-certified beds was up 5 percent from 2001.
- Milwaukee had a 13 percent increase in the number of Alzheimer's beds compared with the previous year (from 574 beds to 651 beds). The number of Medicare-certified beds in the county was up 3 percent.
- Thirty-one counties had more Alzheimer's residents than Alzheimer's beds on December 31, 2002, and 15 counties had no specialized Alzheimer's units/beds. Twenty-one counties had more Alzheimer's beds than Alzheimer's residents on December 31, 2002.

Figure 5. Nursing Home Average Per Diem Rates by Primary Pay Source, Wisconsin, December 31, 2000 - 2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: "Other Sources" includes mostly residents whose pay source was the Department of Veterans Affairs. Beginning in 2001, a Family Care per diem rate has been added to the survey (see Table 7). See Technical Notes (Page 47) for a definition of the Family Care program.

- The average per diem rate in 2002 for care received by nursing home residents was \$141, an increase of 7 percent from 2001 (\$132). In 2002, the overall rate of inflation was 1.6 percent, as measured by the consumer price index, and the inflation rate for medical care was 4.7 percent.
- The average per diem rate for Medicare decreased 2.9 percent in 2002, from \$287 to \$279. This was the second year-to-year decline in the Medicare average rate since 1999.
- The Medicaid average per diem rate was up 6.2 percent in 2002, from \$106 to \$113.
- The private pay average per diem rate increased 5.7 percent in 2002, from \$149 to \$158.
- The Family Care average per diem rate increased 6.1 percent in 2002, from \$108 to \$115.
- The managed care average per diem rate increased 2.7 percent in 2002, from \$253 to \$260.
- The average per diem rate for other pay sources declined 6.9 percent in 2002, from \$174 to \$162.
- According to the 1999 National Nursing Home Survey (the latest available national data), the national average per diem rate was \$166 for Medicare, \$106 for Medicaid, \$115 for private pay, and \$116 across all sources of primary payment (see Technical Notes on page 48 for source).

Table 7. Nursing Home Average Per Diem Rates by Care Level and Primary Pay Source, Wisconsin, December 31, 2002

Level of Care	Average Per Diem Rate (in Dollars)						All Sources
	Medicare	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Intense Skilled Nursing	\$292	\$133	\$177	\$134*	\$455*	\$144*	\$196
Skilled Nursing	278	113	159	116	246	147	141
Intermediate	N/A	97	147	100*	0	227	109
Limited	N/A	93	118	100*	0	238*	122
Personal	N/A	0	92*	0	0	0	92*
Residential	N/A	0	58*	0	0	0	58*
Traumatic Brain Injury	0	567*	750*	0	584*	0	574*
Ventilator-Dependent	418*	359*	0	0	0	0	362*
Developmental Disabilities (DD1A)	N/A	167	0	166*	0	0	167
Developmental Disabilities (DD1B)	N/A	173*	0	0	0	0	173*
Developmental Disabilities (DD2)	N/A	154*	0	0	0	0	154*
Developmental Disabilities (DD3)	N/A	113*	0	0	0	0	113*
All Levels	\$279	\$113	\$158	\$115	\$260	\$162	\$141

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of residents receiving care at a particular rate.

An "N/A" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

A "*" indicates that the per diem rate for that category was calculated based on rates for less than 30 residents (rates for those few residents may not be representative of typical rates).

"Other Sources" includes mostly residents whose pay source was the Department of Veterans Affairs.

See Technical Notes (page 46) for definitions of all level of care categories shown in this table.

- Managed care had the highest average per diem rate for intense skilled nursing care (\$455); this rate increased 27 percent from 2001.
- Medicare had the highest average per diem rate for skilled nursing care (\$278); this was a 3 percent decrease from the 2001 rate.
- The gap between Medicare and Medicaid per diem rates continues to increase. In 1992, the Medicare average per diem rate was 82 percent higher than the Medicaid rate (not shown); while in 2002, the Medicare rate was 147 percent higher than the Medicaid rate. The private pay average per diem rate was 25 percent higher than the Medicaid rate in 1992, and 36 percent higher than the Medicaid rate in 2002.

Nursing Home Characteristics

Table 8. Number of Nursing Homes Providing Services to People Not Residing in the Facility, 1997-2002, Wisconsin

Type of Service	1997	1998	1999	2000	2001	2002
Home Health Care	15	10	9	7	9	10
Supportive Home Care	25	24	20	25	16	16
Personal care	12	13	12	14	13	13
Household services	13	11	8	11	13	13
Day Services	18	20	25	29	25	22
In community setting	4	4	3	1	2	2
In nursing home setting	14	17	22	28	23	20
Respite Care	133	137	163	158	149	152
In patient's home	3	4	2	4	3	3
In nursing home setting	133	135	163	157	149	152
Adult Day Care	77	85	82	81	77	75
In community setting	9	11	9	12	12	7
In nursing home setting	70	77	75	71	66	68
Adult Day Health Care	12	15	15	11	14	14
Congregate Meals	46	45	49	50	51	48
In community setting	35	32	32	33	37	36
In nursing home setting	13	14	18	18	17	14
Home-Delivered Meals	65	59	61	59	58	56
Other Meal Services	40	43	41	39	34	34
Referral Service	37	35	39	35	35	32
Transportation	29	29	31	26	34	29

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Services listed in this table are defined in the Technical Notes (page 47).
Nursing homes may offer specific services in more than one setting.

- In 2002, 152 nursing homes (37 percent) provided respite care, compared to 31 percent in 1997.
- Eighteen percent of nursing homes provided adult day care services in 2002, a percentage that has remained stable since 1997.
- Between 8 and 15 percent of facilities in Wisconsin provided meal services to non-residents, including congregate meals, home-delivered meals, or other meal services.

Table 9. Family Council Meetings by Nursing Home Ownership Category, Wisconsin 2002

Frequency of Meeting	Ownership Category						All Homes	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Family Council	39	66%	100	65%	102	53%	241	59%
Family Council, meets:	20	34	55	35	92	47	167	41
As often as needed	2	3	5	3	14	7	21	5
Less than quarterly	1	2	5	3	8	4	14	3
Once in three months	4	7	16	10	43	22	63	15
Once a month	8	14	19	12	22	11	49	12
Once a week	0	0	0	0	0	0	0	0
Other	5	8	10	6	5	3	20	5
Total	59	100%	155	100%	194	100%	408	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Federal regulations require that, if nursing home residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment and quality of life. This group is referred to as a "Family Council." Percentages may not add to 100 percent due to rounding.

- Forty-seven percent of proprietary facilities had a Family Council in 2002, compared with 35 percent of nonprofit homes and 34 percent of governmental facilities. These percentages represented declines in all ownership categories since 2001.
- Of the 167 facilities with a Family Council, 67 percent met either once a month (49 facilities) or once every three months (63 facilities). Thirteen percent (21 facilities) met "as often as needed." (Percentages are not shown in table.)
- The percent of nursing homes which had no Family Council increased from 56 percent in 2001 to 59 percent in 2002.

Nursing Home Employees

Table 10. Nursing Home Employees, Wisconsin 2002

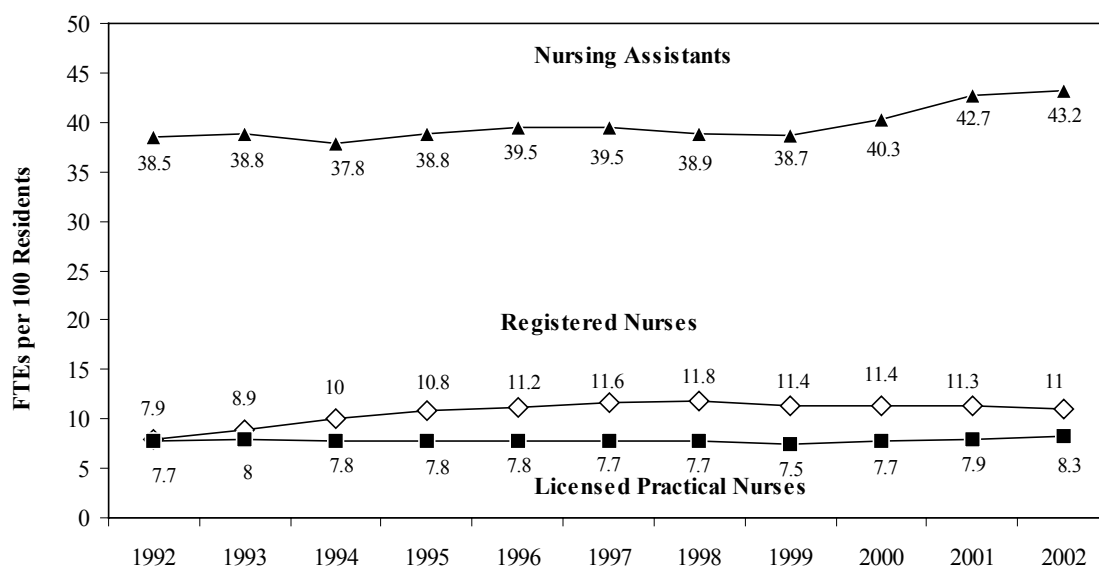
Employee Category	Full-Time Equivalent Employees (FTEs)	FTEs per 100 Residents
Nursing Services		
Registered Nurses	4,038.4	11.0
Licensed Practical Nurses	3,025.4	8.3
Nursing Assistants/Aides	15,820.9	43.2
Certified Medication Aides	423.3	1.2
Therapeutic Services		
Physicians and Psychiatrists	9.3	<0.1
Psychologists	4.0	<0.1
Dentists	1.1	<0.1
Activity Directors and Staff	1,278.6	3.5
Physical Therapists and Assistants	395.5	1.1
Occupational Therapists and Assistants	317.0	0.9
Recreational Therapists	95.1	0.3
Restorative Speech Therapists	53.9	0.1
AODA Counselors	1.0	<0.1
Qualified Mental Retardation Specialists	4.3	<0.1
Qualified Mental Health Professionals	2.0	<0.1
Other Services		
Dietitians and Food Workers	4,617.8	12.6
Social Workers	679.8	1.9
Medical Records Staff	474.4	1.3
Administrators	434.7	1.2
Pharmacists	51.0	0.1
Other Health Prof. and Technical Personnel	700.3	1.9
Other Non-Health-Prof. and Non-Technical Personnel	5,808.7	15.9
Statewide Total	38,238.9	104.5

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

- The number of full-time equivalent employees (FTEs) per 100 nursing home residents increased from 103.4 in 2001 to 104.5 in 2002.
- From 2001 to 2002, the total number of FTEs decreased 1.4 percent (from 38,774 to 38,239) while the number of nursing home residents on December 31 was down 2.5 percent. The number of admissions increased 1 percent in 2002.
- The number of FTE registered nurses declined 5 percent in 2002, while FTE licensed practical nurses increased 1.5 percent.

Figure 6. Nursing Staff per 100 Nursing Home Residents, Wisconsin 1992-2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

- The number of FTE nursing assistants per 100 residents increased from 42.7 in 2001 to 43.2 in 2002.
- The number of FTE licensed practical nurses per 100 residents was up from 7.9 to 8.3.
- The number of FTE registered nurses per 100 residents decreased from 11.3 to 11.0.

Table 11. Nursing Staff Hours (By Shift) per 100 Residents, Skilled Nursing Facilities, Wisconsin, December 1-14, 2002

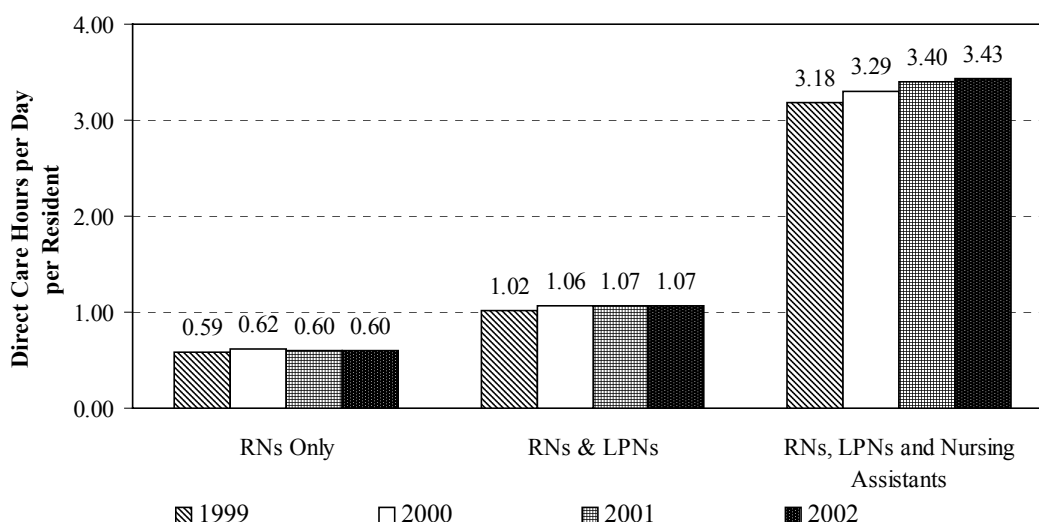
		Direct Care Hours Worked per 100 Residents					
		Registered Nurses			Licensed Practical Nurses		
		Day	Evening	Night	Day	Evening	Night
Week 1	Sunday	22.0	16.1	10.4	19.5	18.4	8.5
	Monday	37.5	18.0	10.2	20.9	18.7	9.0
	Tuesday	38.5	17.2	9.9	21.1	19.0	9.7
	Wednesday	38.5	17.1	10.2	21.6	18.9	8.9
	Thursday	38.3	17.2	10.4	21.4	18.9	8.5
	Friday	35.5	16.8	9.4	20.5	18.5	9.0
	Saturday	21.6	15.9	9.8	18.5	17.3	8.6
Week 2	Sunday	22.2	15.6	9.9	19.1	17.6	8.6
	Monday	37.1	17.1	10.0	21.2	18.5	8.7
	Tuesday	38.5	16.8	10.0	21.5	18.2	8.9
	Wednesday	37.9	16.6	10.3	21.8	18.7	8.5
	Thursday	39.0	16.9	9.8	20.8	18.6	9.1
	Friday	34.3	16.5	9.8	20.1	17.7	8.6
	Saturday	19.9	15.7	9.6	18.9	16.9	8.9
Average per shift		32.9	16.7	10.0	20.5	18.3	8.8
		Nursing Assistants/Aides					
		Day	Evening	Night			
Week 1	Sunday	99.8	83.8	42.1			
	Monday	108.6	86.3	42.9			
	Tuesday	108.8	86.5	43.3			
	Wednesday	111.4	87.9	43.2			
	Thursday	109.3	86.4	43.0			
	Friday	108.0	86.3	42.7			
	Saturday	101.5	86.4	42.0			
Week 2	Sunday	101.4	84.7	41.9			
	Monday	107.8	85.7	43.1			
	Tuesday	110.3	86.9	43.1			
	Wednesday	111.0	86.6	42.4			
	Thursday	109.7	87.0	43.2			
	Friday	107.1	86.4	42.4			
	Saturday	99.1	84.0	42.0			
Average per shift		106.7	86.1	42.7			

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: This table is based on the *total paid direct resident care hours* worked for each category of nursing staff. This table only includes residents at the ISN, SN, ICF-1 and ICF-2 levels of care in skilled nursing facilities. The specific hours included in the day, evening, and night shifts may vary between facilities. The number of residents used in calculating these ratios (36,367) was the resident count in SNFs on December 31, 2002.

- In skilled nursing facilities, the average direct care hours worked each day shift by registered nurses increased from 32.7 hours per 100 residents in 2001 to 32.9 hours per 100 residents in 2002, but decreased for the evening shift from 17.5 hours per 100 residents to 16.7 hours per 100 residents.
- Average day- and evening-shift direct care hours worked by nursing assistants increased 1 percent in 2002.

Figure 7. Nursing Staff Hours per Day per Resident, Skilled Nursing Facilities, Wisconsin, 1999 - 2002

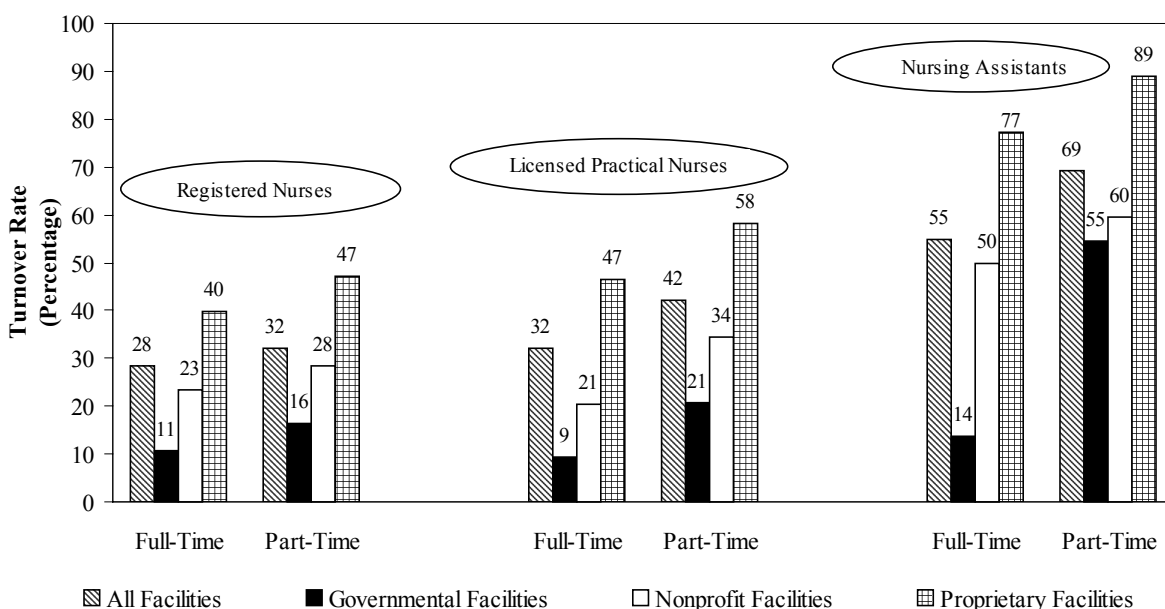


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: This figure is based on the *total paid direct resident care hours* worked in all shifts during a 24-hour period by each category of nursing staff, and includes only residents at the ISN, SN, ICF-1 and ICF-2 levels of care. The figure summarizes data from Table 11, and comparable data for 1999, 2000, and 2001.

- No federal regulation specifies the minimum hours of service to be provided by registered nurses, licensed practical nurses, and nursing assistants per day per resident in each nursing home. Wisconsin law (Chapter 50.04(2), Wisconsin Statutes) requires each nursing home to provide at least 2.5 “direct care” hours per day per resident needing skilled nursing care; a minimum of 0.5 hours of this time shall be provided by an RN or LPN.
- In 2002, on average, nursing homes in Wisconsin provided 3.43 hours of direct care per day per resident at the skilled level of care, 37 percent higher than the state minimum requirement. Of the 3.43 hours, more than one hour was provided by either an RN or an LPN, 0.6 hour was RN care only, 0.48 hour for LPN care only and 2.36 hours for NA care only.
- According to a U. S. General Accounting Office report, the national average staff time per patient day in a skilled nursing facility between May and December 2001 was 0.47 hour for RNs, 0.73 hour for LPNs, and 2.22 hours for NAs. The average direct care staff time per patient day for all types of nursing staff was 3.41 hours (GAO-03-187, Nov.13, 2002).
- Compared to the national average, nursing home staff time per patient day in Wisconsin in 2001 was 29 percent higher for RNs, 34 percent lower for LPNs, 6 percent higher for NAs, and about the same for the average for nursing staff overall.

Figure 8. Nursing Staff Turnover Rate by Facility Ownership, Wisconsin 2002

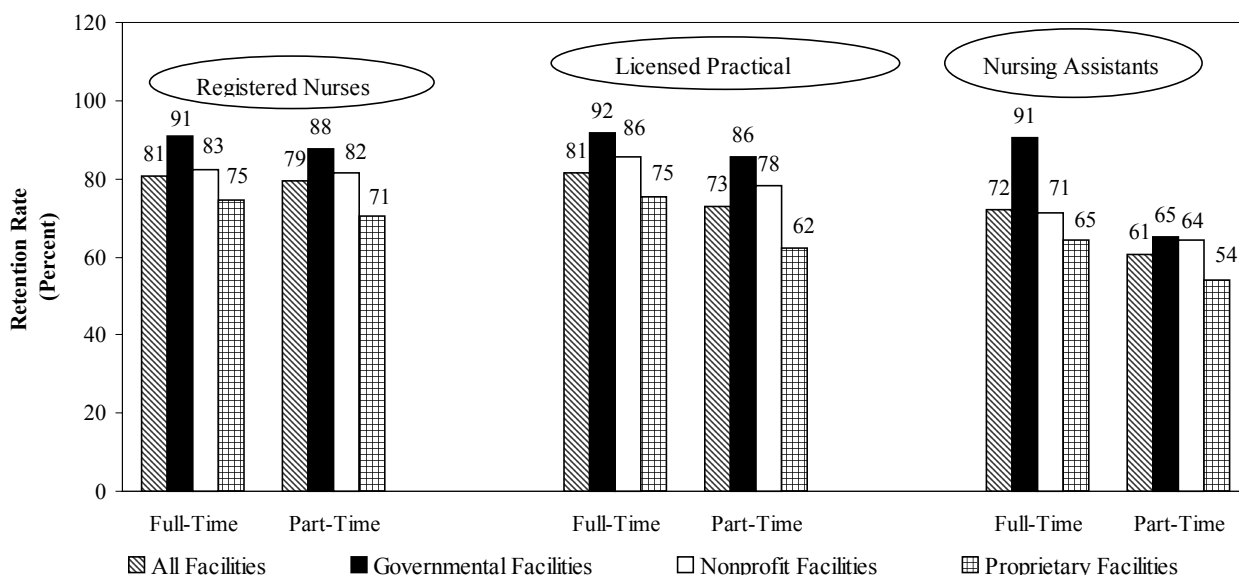


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- From 2001 to 2002, turnover rates in nursing homes of all ownership types declined or stayed the same, with the exception of the rate for full-time registered nurses in nonprofit facilities, which increased from 21 percent to 23 percent.
- The turnover rate for full-time nursing assistants (NAs) decreased from 97 percent to 77 percent in proprietary facilities, from 67 percent to 50 percent in nonprofit facilities, and from 21 percent to 14 percent in governmental facilities. The statewide rate declined from 72 percent to 55 percent.
- The statewide turnover rate for part-time NAs dropped from 74 percent to 69 percent.
- The turnover rate for full-time licensed practical nurses declined in nonprofit homes (from 27 percent to 21 percent), and in proprietary homes (from 48 percent to 47 percent). It remained the same in governmental homes (9 percent). Statewide, it decreased from 35 percent to 32 percent.
- For part-time registered nurses, the turnover rate dropped from 22 percent to 16 percent for governmental facilities, from 31 percent to 29 percent for nonprofit facilities, and from 51 percent to 47 percent for proprietary facilities.
- Proprietary facilities had the highest turnover rates for all types of nursing staff. Eighty-nine percent of part-time nursing assistants and 77 percent of full-time nursing assistants working in proprietary homes were hired in 2002.

Figure 9. Nursing Staff Retention Rate by Facility Ownership, 2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

- In 2002, the percent of part-time registered nurses who had worked at the facility for more than one year increased in all types of facilities. Full-time RNs also had a higher retention rate in 2002 with the exception of those working in nonprofit homes.
- The retention rate for full-time nursing assistants (NAs) increased from 85 percent to 91 percent in governmental facilities, from 65 percent to 71 percent in nonprofit facilities, and from 59 percent to 65 percent in proprietary facilities. Statewide, the retention rate for full-time NAs increased from 66 percent to 72 percent.
- The retention rate for part-time nursing assistants increased from 61 percent to 65 percent in governmental facilities and from 63 percent to 64 percent in nonprofit facilities, but decreased from 55 percent to 54 percent in proprietary homes.
- Ninety-two percent of full-time licensed practical nurses in governmental facilities had worked at the facility for more than one year, down from 94 percent in 2001.
- The retention rate in nonprofit homes increased from 80 percent to 86 percent for full-time LPNs, and from 76 percent to 78 percent for part-time LPNs.
- Governmental facilities had the highest retention rates while proprietary homes had the lowest.

Admissions and Discharges

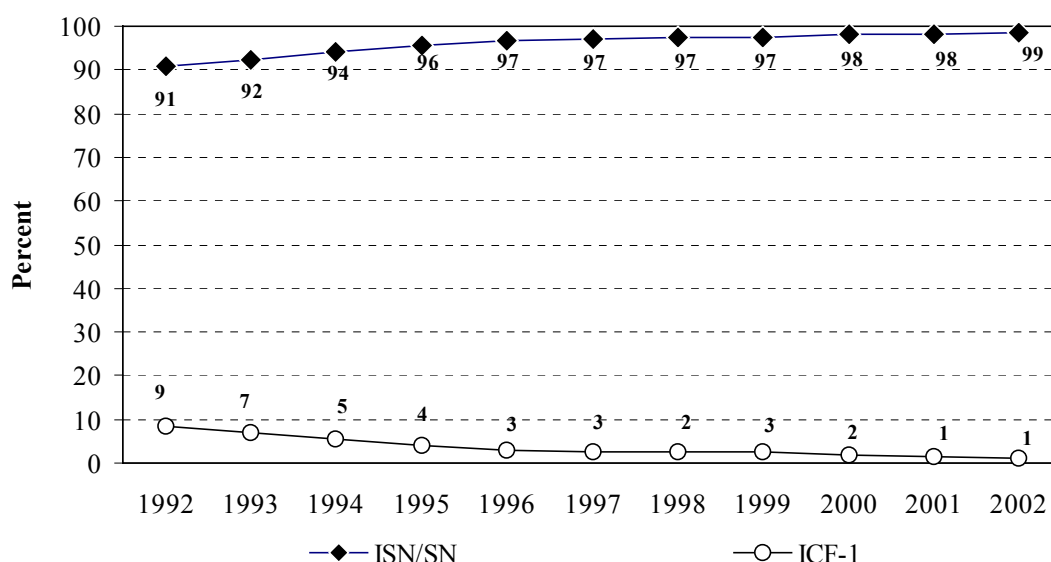
Table 12. Nursing Home Admissions by Level of Care, Wisconsin 1992-2002

Year	Level of Care at Admission									Total Admissions
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Ventilator Dependent	
1992	505	26,828	2,563	186	35	11	123	---	---	30,251
1993	566	27,972	2,120	165	32	6	77	---	---	30,938
1994	590	33,391	1,982	154	26	6	72	---	---	36,221
1995	692	36,771	1,565	79	14	5	18	20	1	39,165
1996	3,801	38,359	1,252	85	12	3	13	24	12	43,561
1997	4,790	42,966	1,248	57	17	0	8	30	26	49,142
1998	3,771	46,096	1,244	82	16	5	9	37	13	51,273
1999	2,999	46,795	1,219	79	21	9	16	34	14	51,186
2000	3,410	46,677	1,003	65	15	11	18	62	13	51,274
2001	2,571	48,243	770	50	12	7	18	62	8	51,741
2002	2,732	48,827	555	58	15	5	13	40	45	52,290

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995.
See Technical Notes (page 47) for definitions of all level of care categories shown in this table.
The total excludes admissions for whom primary pay source was not reported.

Figure 10. Percent of Admissions by Level of Care, Wisconsin 1992-2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: ISN refers to Intense Skilled Nursing Care, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

- Ninety-nine percent of nursing home residents admitted in 2002 required intense skilled nursing or skilled nursing care, compared with 91 percent in 1992.
- One percent of nursing home residents admitted in 2002 required intermediate care, compared with 9 percent in 1992.

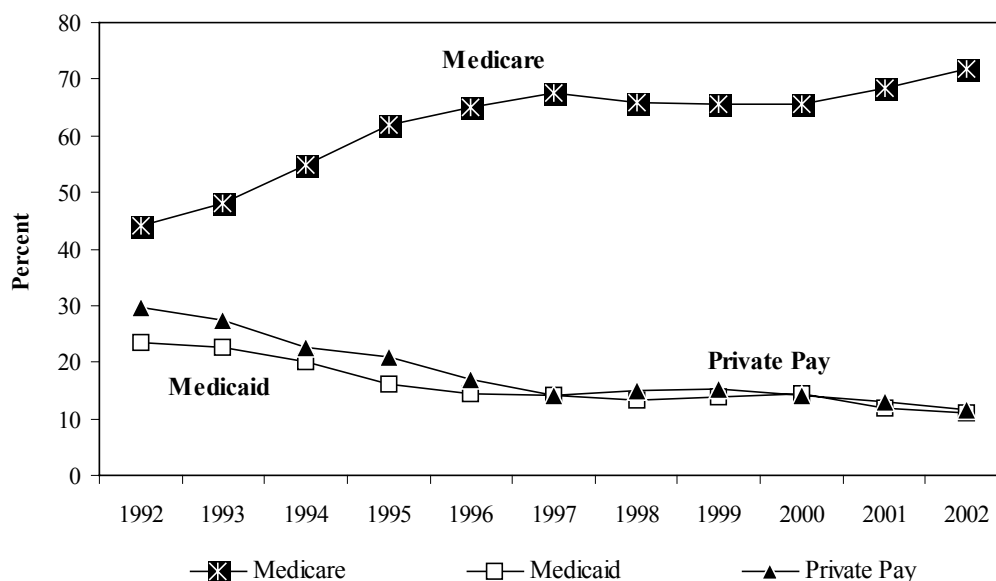
Table 13. Nursing Home Admissions by Primary Pay Source, Wisconsin 1992-2002

Year	Primary Pay Source at Admission						Total Admissions
	Medicare	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
1992	13,329	7,111	8,961	---	---	778	30,179
1993	14,846	6,973	8,473	---	---	679	30,971
1994	19,863	7,287	8,231	---	---	840	36,221
1995	24,250	6,326	8,148	---	---	479	39,203
1996	28,326	6,296	7,392	---	725	744	43,483
1997	33,115	6,988	6,892	---	1,164	891	49,050
1998	34,214	6,880	7,750	---	1,811	540	51,195
1999	33,601	7,030	7,808	---	2,223	524	51,186
2000	33,552	7,309	7,174	---	2,672	460	51,167
2001	35,282	6,196	6,689	164	2,829	493	51,653
2002	37,616	5,836	6,064	260	2,108	406	52,290

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Managed care plans were not asked about separately until 1996.

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs. The total excludes admissions for whom primary pay source was not reported.

Figure 11. Percent of Admissions by Primary Pay Source, Wisconsin 1992-2002


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Nursing home admissions increased 73 percent between 1992 and 2002 (at an average annual rate of 7 percent).
- In 2002, 72 percent of admissions had Medicare as primary pay source (compared with 68 percent in 2001), 11 percent had Medicaid (12 percent in 2001), and 12 percent were private pay (same as in 2001).
- Between 2001 and 2002, admissions paid primarily by Medicare increased 7 percent, those paid primarily by Family Care increased 59 percent, and those paid primarily by Medicaid declined 6 percent. (Family Care is a Medicaid-funded benefit in five counties; see p. 47.)

Admissions and Discharges

Table 14. Number of Nursing Home Admissions by Primary Pay Source and Level of Care, Wisconsin 2002

Level of Care At Admission	Pay Source at Admission						Total Admissions
	Medicare	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Intense Skilled Nursing	2,231	171	91	6	226	7	2,732
Skilled Nursing	35,371	5,301	5,692	235	1,854	374	48,827
Intermediate	N/A	274	248	3	22	8	555
Limited	N/A	19	17	16	0	6	58
Personal	N/A	N/A	8	0	0	7	15
Residential	N/A	N/A	1	0	0	4	5
Traumatic Brain Injury	0	37	2	0	1	0	40
Ventilator-Dependent	14	21	5	0	5	0	45
Developmental Disabilities (DD1A)	N/A	5	0	0	0	0	5
Developmental Disabilities (DD1B)	N/A	5	0	0	0	0	5
Developmental Disabilities (DD2)	N/A	3	0	0	0	0	3
Developmental Disabilities (DD3)	N/A	0	0	0	0	0	0
Total	37,616	5,836	6,064	260	2,108	406	52,290
Percent of Admissions	72%	11%	12%	<1%	4%	1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An "N/A" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care. Medicaid does not pay for new admissions at the Personal or Residential levels of care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs. The total includes 88 admissions for whom pay source was not reported.

See Technical Notes (page 46) for definitions of all level of care categories shown in this table.

- Among residents admitted in 2002 at the intense skilled nursing level of care, Medicare was the primary pay source for 82 percent, up from 76 percent in 2001. Five percent of all admissions were at the intense skilled level of care, the same as in 2001.
- Medicare was the primary pay source for 72 percent of admissions at the skilled nursing level of care, up from 68 percent in 2001. Ninety-three percent of admissions were at this level of care in 2002, unchanged from 2001.
- Eleven percent of persons admitted in 2002 had Medicaid as the primary pay source, compared to 12 percent in 2001. Twelve percent of 2002 admissions had private pay as the primary pay source, compared to 13 percent in 2001.

Table 15. Number of Nursing Home Admissions by Age and Level of Care, Wisconsin 2002

Level of Care At Admission	Age at Admission							Total Admissions
	<20	20-54	55-64	65-74	75-84	85-94	95+	
Intense Skilled Nursing	6	169	155	429	900	653	91	2,403
Skilled Nursing	20	1,865	2,753	7,444	18,798	15,993	1,943	48,816
Intermediate	1	40	31	80	166	207	30	555
Limited	0	7	7	7	15	20	2	58
Personal	0	0	0	0	6	9	0	15
Residential	0	0	0	0	2	3	0	5
Traumatic Brain Injury	9	29	2	0	0	0	0	40
Ventilator-Dependent	0	4	7	8	20	6	0	45
Developmental Disabilities (DD1A)	0	5	0	0	0	0	0	5
Developmental Disabilities (DD1B)	0	5	0	0	0	0	0	5
Developmental Disabilities (DD2)	0	1	1	1	0	0	0	3
Developmental Disabilities (DD3)	0	0	0	0	0	0	0	0
Total, All Levels	36	2,125	2,956	7,969	19,907	16,891	2,066	52,290
Percent of Admissions	<1%	4%	6%	15%	38%	32%	4%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Total includes 340 residents for whom level of care and/or age was not reported.

Percents may not add to 100 due to rounding.

See Technical Notes (page 46) for definitions of all level of care categories shown in this table.

- In 2002, 68 percent of admissions at the intense skilled nursing care level and 75 percent of admissions at the skilled nursing care level were aged 75 and over.
- Ninety percent of people admitted to Wisconsin nursing homes in 2002 were 65 years of age and older, compared to 91 percent in 2001.
- Admissions at the intermediate level of care declined from 1.5 percent of admissions in 2001 to 1.1 percent of admissions in 2002 (from 770 to 555).

Table 16. Nursing Home Admissions by Care Location Prior to Admission, Wisconsin 2002

Care Location	Nursing Home Licensure Category				Total Admissions	
	SNFs/ICFs		IMDs		Number	Percent
	Number	Percent	Number	Percent		
Private home/apt. with no home health services	3,787	7%	0	0%	3,787	7%
Private home/apt. with home health services	1,155	2	0	0	1,155	2
Board and care/assisted living/group home	1,499	3	4	5	1,503	3
Nursing home	2,385	5	9	11	2,394	5
Acute care hospital	42,454	81	25	30	42,479	81
Psychiatric hospital, facility for dev. disab.	377	1	36	43	413	1
Rehabilitation hospital	211	0	0	0	211	0
Other	339	1	9	11	348	1
Total	52,207	100%	83	100%	52,290	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Eighty-one percent of residents admitted to skilled nursing facilities and intermediate care facilities in 2002 came directly from an acute care hospital, compared to 79 percent the previous year.
- Seven percent were admitted from private homes where they had not been receiving home health services, and 2 percent were admitted from private homes where they had been receiving home health services.
- Five percent were admitted from other nursing homes.

Table 17. Discharge Status or Care Destination of Nursing Home Residents Discharged, Wisconsin 2002

Discharge Status/ Care Destination	Nursing Home Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	14,068	27%	4	5%	14,072	27%
Private home/apt. with home health services	8,077	15	3	4	8,080	15
Board and care/assisted living/group home	3,600	7	42	51	3,642	7
Nursing home	2,806	5	10	12	2,816	5
Acute care hospital	8,243	16	3	4	8,246	16
Psychiatric hospital, Facility for dev. disab.	190	<1	5	6	195	<1
Rehabilitation hospital	128	<1	1	1	129	<1
Other	525	1	7	9	532	1
Deceased	15,263	29	7	9	15,270	29
Total	52,900	100%	82	100%	52,982	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Among residents discharged from skilled nursing or intermediate care facilities (SNFs/ICFs) in 2002, 15 percent went to acute care hospitals, down from 16 percent in 2001 and 18 percent in 2000.
- Deaths represented 29 percent of discharges from nursing homes in 2002, compared with 30 percent in 2001.
- The percent of nursing home discharges to private homes with no home health services increased from 24 percent to 27 percent. Discharges to private homes with home health services decreased from 16 percent to 15 percent.
- Overall, 42 percent of nursing home discharges in 2002 were to private homes.

Nursing Home Residents

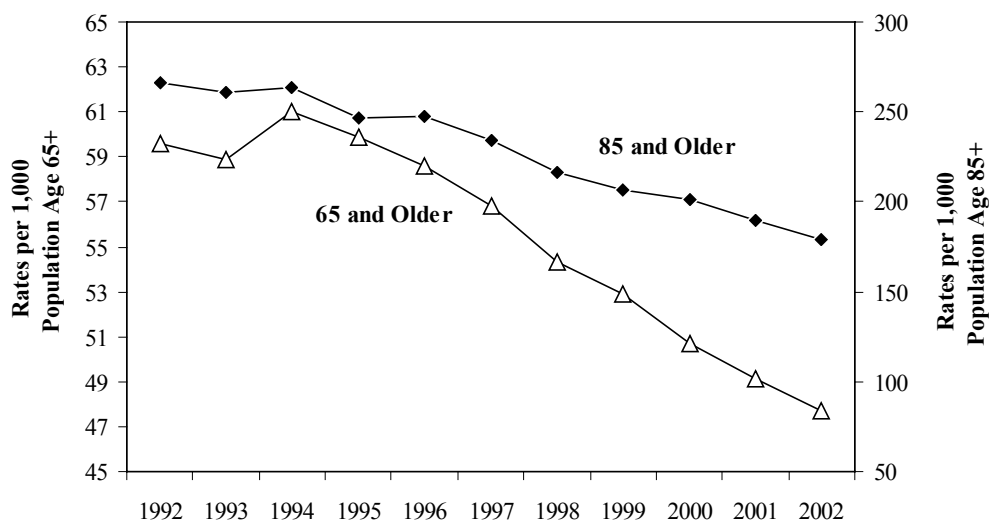
Table 18. Age-Specific Nursing Home Utilization Rates, Wisconsin 1992-2002

Year	Age-Specific Rate per 1,000 Population					65+	85+
	55-64	65-74	75-84	85-94	95+		
1992	3.7	13.4	61.9	242.9	481.2	59.6	266.2
1993	3.7	13.3	60.0	235.2	535.7	58.9	261.1
1994	3.6	14.2	61.4	237.4	556.3	61.0	263.7
1995	3.7	14.5	63.5	226.5	469.8	59.9	246.6
1996	3.6	13.2	58.6	222.0	540.6	58.6	247.3
1997	3.5	12.8	56.6	210.4	503.4	56.8	234.5
1998	3.4	12.2	53.5	193.9	468.3	54.3	216.4
1999	3.4	12.0	51.7	184.9	449.8	52.9	206.6
2000	3.2	11.1	49.6	179.3	450.1	50.7	201.2
2001	3.2	10.8	46.7	168.5	429.9	49.1	189.5
2002	3.1	10.4	45.5	159.4	435.9	47.7	179.4

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of nursing home residents in an age group on December 31 per 1,000 Wisconsin population in that age group.
The rates per 1,000 population for those age 65 and over and 85 and over are used as general indicators of nursing home usage.

Figure 12. Nursing Home Utilization Rates Age 65+ and 85+, Wisconsin 1992-2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Nursing home utilization rates declined for all age groups in 2002 except those aged 95 and over. About 44 percent of Wisconsin adults aged 95 and over were residing in a nursing home in 2002.
- Between 1992 and 2002, the nursing home utilization rate declined 20 percent for people aged 65 and over, and 33 percent for people aged 85 and over.

Nursing Home Residents

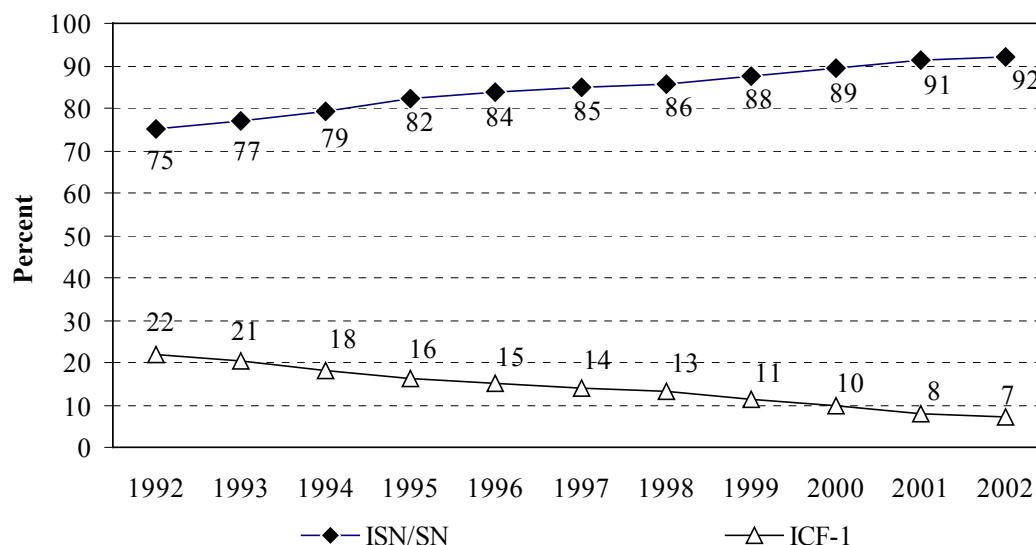
Table 19. Number of Nursing Home Residents by Level of Care, Wisconsin, December 31, 1992-2002

Year	Level of Care									Total
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Ventilator-Dependent	
1992	1,184	31,486	9,441	727	165	44	436	---	---	43,483
1993	1,166	31,794	8,784	618	125	29	312	---	---	42,828
1994	1,086	34,401	8,125	457	96	112	441	---	---	44,718
1995	1,053	34,897	7,039	359	55	18	298	5	6	43,730
1996	1,622	34,445	6,468	268	47	14	188	11	14	43,077
1997	1,562	34,084	5,881	242	41	11	185	19	17	42,042
1998	1,424	33,379	5,338	225	29	10	190	14	16	40,625
1999	1,346	33,493	4,530	165	21	8	142	3	11	39,719
2000	1,232	33,064	3,740	114	26	10	141	31	23	38,381
2001	1,026	33,243	2,937	88	20	7	134	33	18	37,506
2002	741	32,928	2,597	109	23	5	130	29	25	36,587

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1995.

Figure 13. Percent of Residents by Level of Care, Wisconsin, December 31, 1992-2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The percent of nursing home residents who were receiving intense skilled nursing or skilled nursing care on the last day of the year increased from 75 percent in 1992 to 92 percent in 2002.
- The percent of residents who were receiving intermediate care (ICF-1) decreased from 22 percent to 7 percent during the same period.
- The percent of residents who were receiving limited care (ICF-2) decreased from 1.7 percent to 0.3 percent.

Table 20. Number of Nursing Home Residents by Primary Pay Source and Level of Care, Wisconsin, December 31, 2002

Level of Care	Primary Pay Source on December 31						Total
	Medicare	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Intense Skilled Nursing	237	375	96	12	16	5	741
Skilled Nursing	3,277	21,280	7,519	332	244	276	32,928
Intermediate	N/A	2,034	513	3	0	47	2,597
Limited	N/A	45	33	16	0	15	109
Personal	N/A	0	23	0	0	0	23
Residential	N/A	0	5	0	0	0	5
Traumatic Brain Injury	0	27	1	0	1	0	29
Ventilator-Dependent	1	24	0	0	0	0	25
Developmental Disabilities (DD1A)	N/A	87	0	1	0	0	88
Developmental Disabilities (DD1B)	N/A	14	0	0	0	0	14
Developmental Disabilities (DD2)	N/A	21	0	0	0	0	21
Developmental Disabilities (DD3)	N/A	7	0	0	0	0	7
Total Residents, All Levels	3,515	23,914	8,190	364	261	343	36,587
Percent of All Residents	10%	65%	22%	1%	1%	1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An "N/A" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes (page 47) for definitions of all level of care categories shown in this table.

The row "Percent of All Residents" may not add to 100 percent due to rounding.

- On December 31, 2002, 65 percent of nursing home residents had Medicaid as their primary pay source, down from 67 percent in 2001.
- The proportion of residents using Family Care (also funded by Medicaid) as their primary pay source increased to 1 percent in 2002 (from 125 to 364 residents). As a payment source for long-term care, the Family Care benefit is available in five counties (see Technical Notes, page 47).
- Ten percent of residents had Medicare as their primary pay source, up from 8 percent in 2001.
- Twenty-two percent of residents were primarily private-pay, a decline from 24 percent.
- Residents with other primary pay sources increased from 297 to 343 in 2002.

Table 21. Percent of Nursing Home Residents by Age and Primary Disabling Diagnosis, Wisconsin, December 31, 2002

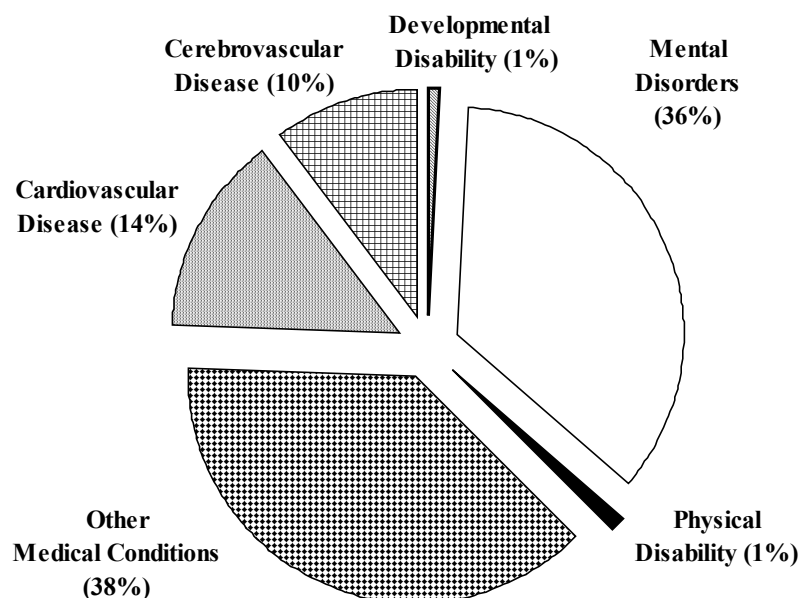
Primary Disabling Diagnosis	Age Group						Total
	<55	55-64	65-74	75-84	85-94	95+	
Mental Retardation	3%	2%	1%	<1%	<1%	0%	<1%
Cerebral Palsy	2	1	1	<1	<1	0	<1
Epilepsy	<1	<1	<1	<1	<1	0	<1
Autism	0	0	0	0	0	0	0
Multiple Developmental Disabilities	1	<1	<1	<1	<1	0	<1
Other Developmental Disabilities	1	1	<1	<1	<1	0	<1
Subtotal of Developmental Disabilities	7	5	2	1	<1	<1	1
Alzheimer's Disease	1	3	9	14	14	10	12
Other Organic/Psychotic	4	7	10	15	18	22	16
Organic/Non-Psychotic	2	2	1	1	2	2	2
Non-Organic/Psychotic	16	14	8	3	2	2	4
Non-Organic/Non-Psychotic	3	2	2	2	2	1	2
Other Mental Disorders	<1	<1	<1	0	<1	<1	<1
Subtotal of Mental Disorders	26	28	31	36	38	37	36
Paraplegic	2	1	<1	0	<1	0	<1
Quadriplegic	3	2	<1	0	<1	0	<1
Hemiplegic	1	2	1	1	<1	<1	1
Subtotal of Physical Disabilities	6	4	2	1	<1	<1	1
Cancer	3	3	3	3	2	1	2
Fractures	2	2	4	5	5	5	5
Cardiovascular Disease	2	5	9	12	17	22	14
Cerebrovascular Disease	8	12	14	11	9	7	10
Diabetes	4	5	6	5	4	2	4
Respiratory Diseases	2	4	6	6	4	4	5
Alcohol & Other Drug Abuse	1	1	1	0	<1	0	<1
Other Medical Conditions	38	31	23	21	20	21	22
Subtotal of Medical Conditions	61	64	65	63	62	62	62
Total Percent	100%	100%	100%	100%	100%	100%	100%
Number of Residents	1,198	1,548	3,629	11,637	15,311	3,264	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.
The total included 17 residents whose diagnosis was not reported.

- Twelve percent of nursing home residents had a primary diagnosis of Alzheimer's disease in 2002. Among these patients, 56 percent of them were age 85 and older (not shown).
- Thirty-six percent of nursing home residents had a primary diagnosis of mental disorders (including Alzheimer's disease) in 2002. Among them, 54 percent were aged 85 and older (not shown).
- The number of nursing home residents with a primary diagnosis of fractures declined by 4 percent from the previous year while the total number of residents declined 2.5 percent.

Figure 14. Percent of Nursing Home Residents by Primary Disabling Diagnosis, Wisconsin, December 31, 2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Twenty-four percent of nursing home residents had cardiovascular or cerebrovascular disease as their primary diagnosis in 2002, compared to 25 percent in 2001 and 26 percent in 2000.
- In 2002, the number of nursing home residents with a primary diagnosis of cardiovascular disease declined by 4 percent from the previous year (from 5,310 residents in 2001 to 5,124 residents in 2002).
- The number of residents with a primary diagnosis of Alzheimer's disease decreased by 3 percent in 2002, about the same percent decline as for the total number of nursing home residents. Alzheimer's disease is included in the mental disorders category in Figure 14.
- Only 2 percent of nursing home residents had cancer as their primary disabling diagnosis. These residents were included in the other medical conditions category in Figure 14.

Table 22. Length of Stay of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 2002

Length of Stay	Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Less than 1 year	13,279	36%	66	37%	13,345	36%
Less than 100 days	6,117	17	28	16	6,145	17
100 days to 180 days	2,549	7	23	13	2,572	7
181 days to 364 days	4,613	13	15	8	4,628	13
1-2 years	6,754	19	23	13	6,777	19
2-3 years	4,716	13	16	9	4,732	13
3-4 years	3,399	9	15	8	3,414	9
4 or more years	8,243	23	59	33	8,302	23
Total	36,408	100%	179	100%	36,587	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

SNFs are skilled nursing facilities; ICFs are intermediate care facilities; IMDs are institutions for mental diseases.

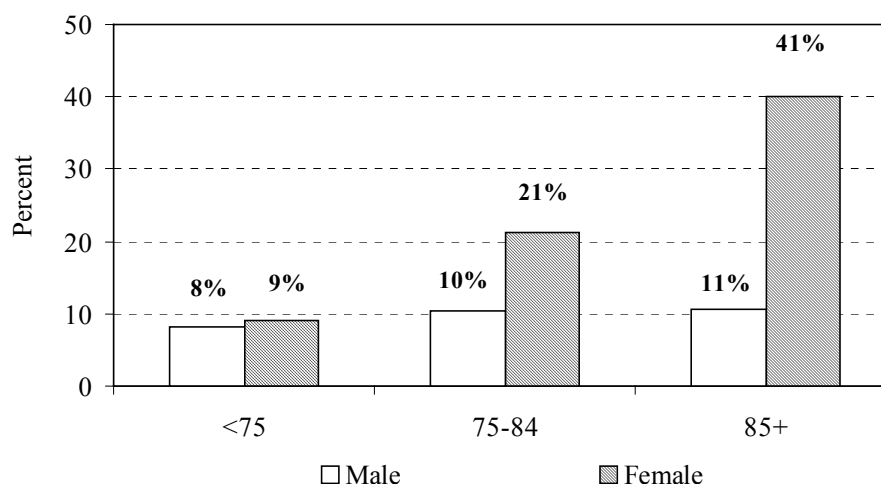
- On December 31, 2002, 36 percent of SNF and ICF residents had been in the nursing home less than one year (unchanged from the previous year). Seventeen percent had been there less than 100 days, compared to 16 percent in 2001.
- On that date, 24 percent of SNF and ICF residents had been in the nursing home four or more years, while 19 percent had been there one to two years.

Table 23. Age of Nursing Home Residents by Licensure Category, Wisconsin, December 31, 2002

Age of Resident	Licensure Category					
	SNFs/ICFs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent
Less than 20 years	10	<1%	2	1%	12	<1%
20-54 years	1,078	3	108	60	1,186	3
55-64 years	1,519	4	29	16	1,548	4
65-74 years	3,604	10	25	14	3,629	10
75-84 years	11,626	32	11	6	11,637	32
85-94 years	15,307	42	4	2	15,311	42
95+ years	3,264	9	0	0	3,264	9
All ages	36,408	100%	179	100%	36,587	100%
65+ years	33,801	93%	40	22%	33,841	93%
85+ years	18,571	51%	4	2%	18,575	51%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding. SNFs are skilled nursing facilities; ICFs are intermediate care facilities; IMDs are institutions for mental diseases.

Figure 15. Nursing Home Residents by Age and Sex, Wisconsin, December 31, 2002


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The largest group of nursing home residents was aged 85-94, accounting for 42 percent of all residents on December 31, 2002.
- Among residents age 85 and older, there were close to four times more females than males (41 percent vs. 11 percent).
- For residents between age 75 and 84, there were twice as many female residents as male residents (21 percent vs. 10 percent).
- Seventy-one percent of all nursing home residents were females and 29 percent were males.
- Nationally, 62 percent of nursing home residents were females and 38 percent were males (see Technical Notes on page 48 for source).

Table 24. Legal Status of Nursing Home Residents, Wisconsin, December 31, 2002

	Total Residents	Placed Under Chapter 51	Has Court-Appointed Guardian	Protectively Placed Under Chapter 55	Has Activated Power of Attorney for Health Care
Licensure Category	Number	Number Percent	Number Percent	Number Percent	Number Percent
SNFs/ICFs	36,408	275 1%	6,449 18%	5,706 16%	13,663 38%
IMDs	179	65 36	37 21	130 73	31 17

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percents were based on the total number of residents in each kind of facility on December 31, 2001.

- The Protective Services Act, Chapter 55, Wisconsin Statutes, allows a court to order the protective placement for institutional care of those who are unable to adequately care for themselves due to the infirmities of aging. Such orders are reviewed by the court at least once every 12 months. Seventy-three percent of IMD residents in 2002 (compared with 76 percent in 2001) had been protectively placed under this law.
- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Thirty-eight percent of SNF/ICF residents were reported to have an activated power of attorney for health care in 2002, up from 36 percent in 2001. Seventeen percent of IMD residents had an activated power of attorney for health care in 2002.
- The percent of IMD residents who had been placed under Chapter 51 (the Mental Health Act) increased from 25 percent in 2001 to 36 percent in 2002.
- Twenty-one percent of IMD residents had a court-appointed guardian in 2002, compared to 53 percent in 2001. Due to the closing of one IMD facility in 2002, the number of IMD residents who had a court-appointed guardian was down 72 percent (from 130 to 37 residents), reflecting the decline in total IMD residents.

Table 25. Nursing Home Residents With Medicaid as Primary Pay Source by Eligibility Date and Facility Licensure Category, Wisconsin, December 31, 2002

Eligibility Date for Medicaid	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
All Nursing Homes						
At time of admission	3,689	55%	8,306	49%	11,995	50%
1-30 days after admission	604	9	1,459	9	2,063	9
31 days–1 year after admission	1,473	22	4,204	25	5,677	24
More than 1 year after admission	713	11	2,391	14	3,104	13
Unknown	276	4	708	4	984	4
Total	6,755	100%	17,068	100%	23,914	100%
Skilled Nursing and Intermediate Care Facilities						
At time of admission	3,668	54%	8,292	49%	11,960	50%
1-30 days after admission	604	9	1,459	9	2,063	9
31 days–1 year after admission	1,473	22	4,204	25	5,677	24
More than 1 year after admission	713	11	2,390	14	3,103	13
Unknown	276	4	708	4	984	4
Total	6,734	100%	17,053	100%	23,878	100%
Institutions for Mental Diseases						
At time of admission	21	100%	14	93%	35	97%
1-30 days after admission	0	0	0	0	0	0
31 days–1 year after admission	0	0	0	0	0	0
More than 1 year after admission	0	0	1	7	1	3
Unknown	0	0	0	0	0	0
Total	21	100%	15	100%	36	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- On December 31, 2002, 50 percent of SNF/ICF residents with Medicaid had been eligible at time of admission, up from 48 percent in 2001. This figure remained unchanged between 1999 and 2001.
- Twenty-four percent of SNF/ICF residents with Medicaid became eligible from 31 days to one year after admission, and 13 percent became eligible more than one year after admission.
- Fifty-five percent of male nursing home residents with Medicaid had been eligible at time of admission, compared to 49 percent of female residents with Medicaid.
- Ninety-seven percent of IMD residents with Medicaid were eligible at time of admission, compared to 73 percent in 2001.

Table 26. Number of Nursing Home Residents Who Ever Received Pre-Admission Screening and Resident Review (PASRR) by Licensure Category, Medicaid-Certified Facilities Only, Wisconsin, December 31, 2002

	Licensure Category	
	SNFs/ICFs	IMDs
Ever Received PASRR Level II Screen	6,147	87
Needed DD services	183	2
Needed MI services	473	87
Total residents on Dec. 31	35,878	103
Number of Facilities	387	2

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The federal Pre-Admission Screening and Resident Review (PASRR) statutes and regulations apply to all individuals who seek admission to a Medicaid-certified nursing facility and all current residents of Medicaid-certified nursing facilities, irrespective of pay source. The purpose of the PASRR process is to ensure that all individuals who have a mental illness or developmental disability (mental retardation)

(1) are placed in a nursing facility only when their needs:

(a) cannot be met in an appropriate community placement; and

(b) do not require the specialized care and treatment of a psychiatric hospital or FDD; and

(2) receive appropriate treatment for their mental illness or developmental disability if their independent functioning is limited due to their disability.

The **Level I screen** consists of six questions that look behind diagnosis and currently prescribed medication to identify individuals with symptoms that may indicate the person has a serious mental illness or developmental disability.

The **Level II screen** is used (1) to determine whether the person meets the criteria in the federal definition of serious mental illness or developmental disability; (2) if so, whether the person needs institutional care, and whether a nursing facility is the most appropriate setting; and (3) whether the person needs specialized services.

- On December 31, 2002, a total of 6,147 SNF/ICF residents were reported to have ever received a PASRR Level II screen. (All residents should receive Level I screens, but no data were collected on them).
- Of those ever screened, 183 were determined to need special services for developmental disabilities and 473 were determined to need special services for mental illness.
- All IMD residents who received a PASRR Level II screen were determined to need special services for mental illness, and two needed special services for developmental disabilities.

Nursing Home Residents

Table 27. Use of Physical Restraints among Nursing Home Residents by Facility Ownership, Wisconsin, December 31, 2002

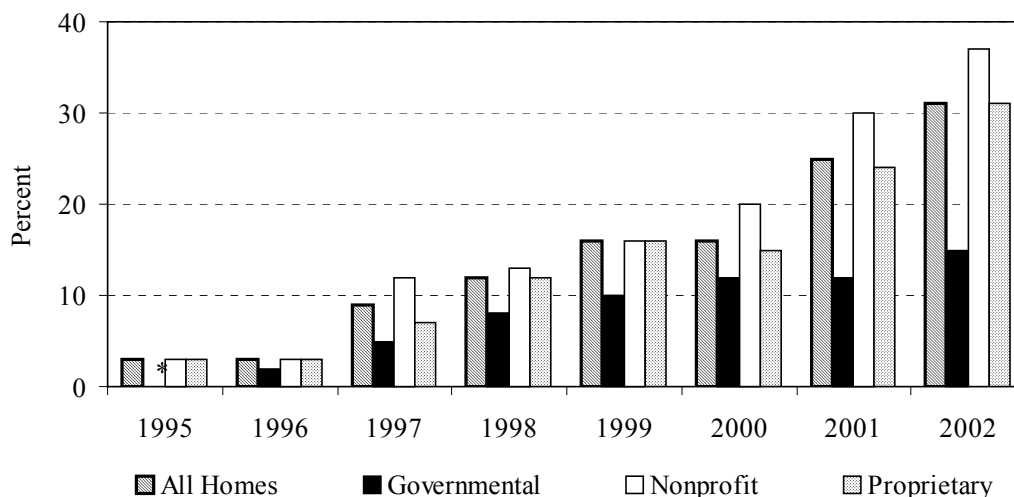
Wisconsin, December 31, 2002

	Ownership Category						All Homes Number Percent	
	Governmental Number Percent		Nonprofit Number Percent		Proprietary Number Percent			
Total Residents	7,055	100%	13,437	100%	16,095	100%	36,587	100%
Physically Restrained	325	5	580	4	599	4	1,504	4
Total Facilities	59	100%	155	100%	194	100%	408	100%
Homes reporting no physically restrained residents	9	15%	58	37%	60	31%	127	31%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: This survey item was changed in 2001. It now simply asks facilities to report the number of residents on December 31 who are “physically restrained.”

Figure 16. Percent of Nursing Homes with No Physically Restrained Residents, by Facility Ownership, Wisconsin, December 31, 1995 – 2002



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: An asterisk (*) means 0.0 percent.

- On December 31, 2002, 4 percent of all Wisconsin nursing home residents were being physically restrained, compared with 5 percent in 2001 and 7 percent in 2000.
- The percent of nursing homes which reported having *no* physically restrained residents on December 31 increased from 3 percent in 1995 to 31 percent in 2002.
- In 2002, the proportion of nursing homes with *no* physically restrained residents was highest among nonprofit facilities (37 percent) and lowest among governmental facilities (15 percent).
- The percent of nonprofit nursing homes reporting *no* physically restrained residents increased from 30 percent in 2001 to 37 percent in 2002.

Table 28. Resident Need for Help with Selected Activities of Daily Living (ADLs) by Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2002

December 31, 2002						
Selected Activities of	Age Groups					Total
	<65	65-74	75-84	85-94	95+	
Daily Living						
Bed Mobility						
Independent	42%	41%	38%	38%	36%	39%
Needs supervision	3	4	5	5	5	5
Needs limited assistance	13	16	19	21	22	19
Needs extensive assistance	20	25	26	25	25	25
Totally dependent	22	14	11	10	11	12
Activity did not occur	<1	<1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,650	3,540	11,465	15,172	3,248	36,075
Transfer						
Independent	30%	29%	25%	24%	20%	25%
Needs supervision	4	6	6	6	7	6
Needs limited assistance	14	18	21	24	24	22
Needs extensive assistance	19	25	29	29	31	28
Totally dependent	32	22	19	16	17	19
Activity did not occur	1	1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%
Toilet Use						
Independent	26%	21%	18%	18%	16%	18%
Needs supervision	5	6	5	6	6	6
Needs limited assistance	12	17	19	20	20	19
Needs extensive assistance	20	28	33	33	35	32
Totally dependent	37	28	25	22	23	25
Total Percent	100%	100%	100%	100%	100%	100%
Eating						
Independent	49%	54%	51%	51%	46%	50%
Needs supervision	18	19	21	23	25	22
Needs limited assistance	6	7	9	10	12	9
Needs extensive assistance	6	7	8	9	10	8
Totally dependent	21	13	11	8	7	10
Total Percent	100%	100%	100%	100%	100%	100%

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 45).

Notes: Residents for whom no information was available were excluded.

Bed mobility = How resident moves to and from lying position, turns side to side, and positions body while in bed.

Transfer = How resident moves between surfaces—to/from bed, chair, wheelchair, standing position. Toilet Use =

How resident uses the toilet room (or commode, bedpan or urinal), transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes. Eating = How resident eats and drinks (regardless of skill), including intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition).

- On December 31, 2002, 15 percent of nursing home residents were independent in all four Activities of Daily Living (ADLs), compared to 16 percent in 2001, 18 percent in 2000 and 19 percent in 1999 (not shown).
- In 2002, 6 percent of residents were totally dependent in all four ADLs (not shown).
- Twenty-eight percent of residents were totally dependent in at least one of the four ADLs in 2002, compared to 25 percent in 2001.

Table 29. Selected Characteristics of Nursing Home Residents by Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2002

Medicaid-Certified Facilities Only), Wisconsin, December 31, 2002						
Selected Characteristics	Age Groups					Total
	<65	65-74	75-84	85-94	95+	
Short-Term Memory						
Adequate	47%	42%	31%	24%	22%	29%
Has problems	53	58	69	76	78	71
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,593	3,534	11,449	15,163	3,245	35,984
Long-Term Memory						
Adequate	60%	59%	52%	49%	46%	52%
Has problems	40	41	48	51	54	48
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,593	3,534	11,448	15,163	3,245	35,983
Cognitive Skills for Daily Decision-Making						
Independent	28%	29%	23%	20%	18%	22%
Modified independence	22	23	23	25	23	24
Moderately impaired	34	34	38	40	42	38
Severely impaired	17	14	16	16	17	16
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,594	3,534	11,452	15,165	3,245	35,990
Bladder Incontinence						
Continent	53%	47%	39%	36%	32%	39%
Usually continent	6	7	7	9	10	8
Occasionally incontinent	6	8	9	10	12	10
Frequently incontinent	11	17	23	24	26	22
Incontinent all of the time	24	21	21	20	20	21
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,650	3,540	11,465	15,172	3,248	36,075
Bowel Incontinence						
Continent	55%	57%	56%	58%	55%	57%
Usually continent	6	8	10	10	11	10
Occasionally incontinent	5	7	8	8	9	8
Frequently incontinent	6	9	10	10	11	10
Incontinent all of the time	28	19	16	14	14	16
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	2,650	3,539	11,465	15,172	3,248	36,074

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 45).

Note: Residents for whom no information was available were excluded.

- On December 31, 2002, 22 percent of all nursing home residents were “independent” in their cognitive skills for daily decision-making. Conversely, more than half (54 percent) of nursing home residents had moderately or severely impaired cognitive skills.
- Over three-quarters of residents aged 85 and over had a problem with short-term memory, and more than half had a problem with long-term memory.
- Thirty-four percent of residents were continent of both bladder and bowel in 2002, compared to 34 percent in 2001, 35 percent in 2000 and 38 percent in 1999 (not shown).

Nursing Home Residents

Table 30. Height and Weight of Nursing Home Residents by Sex and Age (Medicare- and/or Medicaid-Certified Facilities Only), Wisconsin, December 31, 2002

Sex/Age	Mean (in inches)	Standard Deviation	Number of Residents	Range (in inches)
Height				
Males				
<65 years	68.9	3.9	1,366	43-78
65-74 years	68.5	3.6	1,582	43-78
75-84 years	68.3	3.5	3,784	43-78
85-94 years	67.8	3.5	3,427	42-77
95+years	67.0	3.4	383	57-75
All ages	68.2	3.6	10,542	42-78
Females				
<65 years	63.7	3.6	1,271	45-75
65-74 years	63.4	3.0	1,943	45-75
75-84 years	62.7	2.9	7,645	42-74
85-94 years	62.2	3.0	11,705	43-78
95+years	61.7	3.1	2,855	48-72
All ages	62.4	3.1	25,419	42-78
Sex/Age	Mean (in pounds)	Standard Deviation	Number of Residents	Range (in pounds)
Weight				
Males				
<65 years	183.0	46.2	1,352	61-365
65-74 years	180.8	41.2	1,585	73-369
75-84 years	174.3	36.1	3,786	67-357
85-94 years	164.9	30.5	3,430	85-324
95+years	156.6	25.9	385	84-233
All ages	172.7	37.1	10,538	61-369
Females				
<65 years	169.5	50.3	1,264	51-374
65-74 years	167.0	45.0	1,937	72-355
75-84 years	149.6	37.6	7,656	56-355
85-94 years	137.3	30.6	11,713	62-325
95+years	127.5	27.2	2,861	63-253
All ages	143.8	36.8	25,431	51-374

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes (page 47).

Notes: For purposes of the MDS assessment, the staff member was instructed to measure the resident's weight consistently in accord with standard facility practice (for example, in a.m., after voiding, before meal, with shoes off and in night dress).
Reported values of height below 42 inches and above 78 inches, and weight below 50 pounds and above 375 pounds, were deemed to be reporting errors and excluded from this analysis. Residents without information on sex or age were also excluded.

- “Standard deviation” is a statistical measure of the spread of scores around the mean (average) score. A decline with increasing age in the standard deviation for weight and height indicates that weight and height become less variable at older ages.
- The average weight was 25 percent less for female residents aged 95 and older than for females under age 65. The average weight for male residents aged 95 and older was 14 percent less than for males under age 65.

Technical Notes

MDS 2.0 Data (Tables 28, 29, and 30)

Detailed resident-based data were submitted by 402 Medicare- and Medicaid-certified skilled nursing facilities, intermediate care facilities and institutions for mental diseases. (There were 408 SNFs/ICFs/IMDs in the 2002 Annual Nursing Home Survey, but six of these did not have to report MDS data because they accept only private-pay patients). These detailed data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by nursing homes to regularly assess each resident's health care needs and status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

In each facility, the Minimum Data Set count of nursing home residents as of the end of 2002 was calculated by using the number of residents assessed in 2002 (using the latest full assessment only), subtracting the facility's number of residents reported as discharged from MDS *discharge* assessments, and then adding the facility's number of residents reported as readmitted from MDS *readmission* assessments during the year. For some facilities, the MDS end-of-year count derived by this method differed from the count of residents on December 31, 2002, which was reported by each facility as an aggregate number of residents on that date.

These discrepancies were chiefly the result of under-reporting discharges and/or re-admissions. (Some facilities did not fill in a discharge or readmission tracking form when they discharged or readmitted a patient.) To adjust the overall MDS data set for these discrepancies, each facility's MDS data were examined. When a facility's data showed at least 7 more residents in the MDS count than in the December 31 aggregate survey count, that facility was contacted for feedback on the reasons for the difference.

For those facilities where the MDS count was at least 15 residents higher than the December 31 count from the Annual Survey of Nursing Homes, the names of residents who were in the facility on December 31 were obtained and compared with the facility's MDS listing of residents. If a name was on the MDS list but not on the December 31 list, that name was deleted from the MDS analysis data set.

In facilities where the MDS count was higher than the December 31 count by less than 15 residents, or where the MDS count was lower than the December 31 count, no adjustments to the data set were made.

After the MDS data set was adjusted, the overall effect of under-reporting discharges and re-admissions was negligible. The final figure for the total number of SNF residents on December 31, 2002, based on the MDS data set, was 36,075, compared to the 36,363 SNF residents (excluding six homes which did not report MDS data because they accepted only private-pay patients) counted on December 31 for the Annual Survey of Nursing Homes.

Definitions for Levels of Care (Tables 7, 12, 14, 15, 19, 20)

ISN - Intense Skilled Nursing: Care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SN - Skilled Nursing: Continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: Professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illnesses or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: Simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by, or under the supervision of, a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: Personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: Care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: Residents with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: Residents with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.

DD2 Care Level: Adults with moderate developmental disabilities who require active treatment with an emphasis on skills training.

DD3 Care Level: Adults with mild developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Traumatic Brain Injury (TBI): A resident between 15 and 64 years old who has incurred a recent closed or open head injury. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: A resident who is dependent on a ventilator for six or more hours per day for his or her respiratory condition. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

Family Care (Tables 7, 13, 14, 20)

Family Care is a program being piloted in nine Wisconsin counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Kenosha, Marathon, Trempealeau, and Jackson. Four of these nine counties (Kenosha, Marathon, Trempealeau, and Jackson counties) are resource-center only, which do not reimburse for nursing home cares. Family Care serves people with physical disabilities, people with developmental disabilities, and frail elders, with the goals of:

- Giving people better choices about where they live and what kinds of services and support they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective long-term care system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers, designed to be a “one-stop shop” where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.
2. Care management organizations (CMOs), which manage and deliver the new Medicaid-funded Family Care benefit. The Family Care benefit combines funding and services from a variety of existing programs into one flexible long-term care benefit tailored to each individual’s needs, circumstances, and preferences. CMOs offer the Family Care benefit package in five counties: Fond du Lac (opened in February 2000), La Crosse and Portage counties (April 2000), Milwaukee (July 2000, serving the elderly population only), and Richland (January 2001).

For details of the services provided by Family Care, please visit:

<http://www.dhfs.state.wi.us/LTCare/Generalinfo/WhatisFC.htm>

Definitions of Services to Non-Residents (Table 8)

(Definitions provided by staff in the Wisconsin Division of Supportive Services, Bureau on Aging and Long-Term Care Resources)

Home Health Care: Health care services to individuals in their own homes, on a physician’s orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.

Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.

Day Services: Services in day centers to persons with social, behavioural, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.

Respite Care: Services which facilitate or make possible the care of dependants, thereby relieving the usual caregiver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular caregiver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular caregiver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular caregivers.

Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Services include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.

Congregate Meals: Meals provided to persons in supportive service settings to promote adequate nutrition and socialization. Nutrition education is an integral but subordinate part of this program.

Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.

Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially-equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

Source for the National data: Jones A. The National Nursing Home Survey: 1999 Summary. National Center for Health Statistics. Vital Health Stat. 13(152). 2002

2002 ANNUAL SURVEY OF NURSING HOMES
(includes definitions)

If Medicaid-certified, the completed Annual Survey of Nursing Homes is due to the Department by February 1 of each year, unless the Department allows a maximum 28-day extension. The Department shall establish and implement policies to withhold payment to a provider, or decrease or freeze payment rates, if a provider does not submit annual survey forms and respond to the Department by the due date. See page 16 for detailed information.

Correct information on the label below if it is inaccurate or incomplete.

FOR OFFICE USE ONLY	
CERTIFICATION	<input type="checkbox"/>
HIGHEST LEVEL	<input type="checkbox"/>
BATCH	<input type="checkbox"/>
BATCHCOR	<input type="checkbox"/>

Geographic location of facility (may differ from post office name in mailing address).

(CHECK ONE)

- ☐ 1. City Name of city, village or town _____
- ☐ 2. Village What county is nursing home located in? _____
- ☐ 3. Town

NUMBER OF RESIDENTS
IN THE FACILITY ON
DECEMBER 31, 2002

Return the *PINK COPY* of the survey no later than February 1, 2003, to

Bureau of Health Information
Division of Health Care Financing
ATTN: Jane Conner, Rm. 672
P. O. Box 309
Madison, Wisconsin 53701-0309

REPORT ALL DATA FOR A 12-MONTH PERIOD (365 DAYS), JANUARY 1, 2002 THROUGH DECEMBER 31, 2002

Refer to Instructions and Definitions accompanying this form.

A. FACILITY INFORMATION

1. Was this facility in operation for the entire calendar year of 2002? ☐ 1. Yes ☐ 2. No

If no, and operation dates began after January 1, 2002, or ended before December 31, 2002, list those dates of operation below.

Beginning Date

Month Day '02

Ending Date

Month Day '02

Days of Operation

2. CONTROL: Indicate the type of organization that controls the facility and establishes its overall operating policy.

(CHECK ONE)

Governmental

- ☐ 10. City
☐ 11. County
☐ 12. State
☐ 13. Federal
☐ 14. City/County
☐ 15. Tribal Government

Non-governmental/Not-For-Profit

- ☐ 20. Nonprofit Corporation
☐ 21. Nonprofit Church
☐ 22. Nonprofit Association
☐ 23. Nonprofit Church/Corporation
☐ 24. Nonprofit Limited Liability Company
☐ 25. Nonprofit Trust
☐ 26. Private Nonprofit

Investor-Owned/For Profit

- ☐ 30. Individual
☐ 31. Partnership
☐ 32. Corporation
☐ 33. Limited Liability Company
☐ 34. Limited Liability Partnership
☐ 35. Trust

3. Has the controlling organization through a contract, placed responsibility for the daily administration of the nursing facility with another organization? ☐ 1. Yes ☐ 2. No

If yes, indicate below the classification code of the contracted organization (for example, 32 for an investor-owned, for-profit corporation, see page 1, item A.2.). (code)

4. Is the facility operated in conjunction with a hospital (e.g., owned, leased or sponsored)? ☐ 1. Yes ☐ 2. No
5. Is the facility operated in conjunction with a community-based residential facility (CBRF)? ☐ 1. Yes ☐ 2. No
6. Is the facility operated in conjunction with a residential care apartment complex (RCAC)? ☐ 1. Yes ☐ 2. No
7. Is the facility operated in conjunction with housing for the elderly, or similar organization? ☐ 1. Yes ☐ 2. No
8. Is the facility operated in conjunction with a home health agency? ☐ 1. Yes ☐ 2. No
9. Is the facility certified as a Medicaid facility (Title 19)? ☐ 1. Yes ☐ 2. No
10. Is all or part of the facility certified for Medicare (Title 18)? ☐ 1. Yes ☐ 2. No

If yes, indicate the number of Medicare-certified beds _____

11. Is the facility accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing long term care? ☐ 1. Yes ☐ 2. No
12. Does the facility have a contract with a HMO for providing services? ☐ 1. Yes ☐ 2. No
13. Does the facility have a locked unit? ☐ 1. Yes ☐ 2. No

If yes, how many beds? _____

14. Does the facility utilize formal wandering precautions, e.g., Wanderguard Systems/bracelets? .. ☐ 1. Yes ☐ 2. No

If yes, how many of the residents in the facility on December 31, 2002, were monitored? _____

B. SERVICES

1. Does the facility offer services to **non-residents**? ☐ 1. Yes ☐ 2. No

If yes, check which services the facility provides to non-residents (see definitions).

- | | |
|--|---|
| <input type="checkbox"/> a. Home Health Care (Licensed home health, HFS 133) | <input type="checkbox"/> f. Adult Day Health Care |
| <input type="checkbox"/> b. Supportive Home Care | <input type="checkbox"/> g. Congregate Meals |
| <input type="checkbox"/> 1. Personal Care | <input type="checkbox"/> 1. In community setting |
| <input type="checkbox"/> 2. Household Services | <input type="checkbox"/> 2. In nursing home setting |
| <input type="checkbox"/> c. Day Services | <input type="checkbox"/> h. Home Delivered Meals |
| <input type="checkbox"/> 1. In community setting | <input type="checkbox"/> i. Referral Services |
| <input type="checkbox"/> 2. In nursing home setting | <input type="checkbox"/> j. Other meals (Includes Jail, Adult Day Care, etc.) |
| <input type="checkbox"/> d. Respite Care | <input type="checkbox"/> k. Transportation |
| <input type="checkbox"/> 1. In home setting | <input type="checkbox"/> l. Other (<i>specify</i>) _____ |
| <input type="checkbox"/> 2. In nursing home setting | |
| <input type="checkbox"/> e. Adult Day Care | |
| <input type="checkbox"/> 1. In community setting | |
| <input type="checkbox"/> 2. In nursing home setting | |

2. Does the facility plan to add other services to **non-residents** in the future? ☐ 1. Yes ☐ 2. No

If yes, specify service(s) to be provided. _____

3. Does the facility currently use a unit-dose drug delivery system? ☐ 1. Yes ☐ 2. No

4. Does the facility have an in-house pharmacy? ☐ 1. Yes ☐ 2. No

5. Does the facility have a policy to allow self-administration of medications by residents? ☐ 1. Yes ☐ 2. No

6. Does the facility currently have residents who are self-administering medications? ☐ 1. Yes ☐ 2. No

7. Does the facility offer hospice services to residents? ☐ 1. Yes ☐ 2. No

If yes, how many residents were in a hospice program under contract with an approved hospice provider on 12/31/02?

8. Does the facility offer hospice services to **non-residents**? ☐ 1. Yes ☐ 2. No

If yes, how many **non-residents** were in a hospice program under contract with an approved hospice provider on 12/31/02?

9. Does the facility offer specialized Alzheimer's support group services to **non-residents**? ☐ 1. Yes ☐ 2. No

10. Does the facility have a specialized unit dedicated to care for residents with Alzheimer's? ☐ 1. Yes ☐ 2. No

- a. If yes, is the unit locked? (*Leave blank if no unit.*) ☐ 1. Yes ☐ 2. No

- b. Number of beds in unit?

11. Does the facility utilize day programming for mentally ill residents? ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program

(check all that apply)

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other (specify) _____

12. Does the facility utilize day programming for developmentally disabled residents? ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program

(check all that apply)

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other (specify) _____

C. UTILIZATION INFORMATION

1. Number of beds set up and staffed at end of reporting period (ending December 31, 2002) _____

2. **TOTAL** licensed bed capacity (as of December 31, 2002) _____

3. If the numbers reported in C.1. and C.2. are different, indicate by checking the box(es) below, the reason(s) for this difference and the number of beds affected.

☐ a. Semi-private rooms converted to private rooms.
Number of beds _____

☐ e. Beds temporarily not meeting HFS 132 code.
Number of beds _____

☐ b. Rooms converted for administrative purposes.
Number of beds _____

☐ f. Banked beds.
Number of beds _____

☐ c. Beds out-of-service due to renovation
or remodeling (Not HFS 132 related).
Number of beds _____

☐ g. Other (specify) _____

☐ d. Rooms converted for resident
program (treatment) purposes.
Number of beds _____

Number of beds _____

4. Does the facility anticipate any bed reduction in the forthcoming year? ☐ 1. Yes ☐ 2. No

If yes, by how many beds? _____

D. RESIDENT INFORMATION

1. Level of Care and Method of Reimbursement on DECEMBER 31, 2002

Place the per diem rate in the appropriate boxes. If per diem rates vary in any category (for example, private room vs. semi-private room), **report an average** per diem rate. For **Medicare**, an "average rate" needs to be provided based on the PPS rates in effect for the Medicare residents in the facility on 12/31/02.

IF APPLICABLE, PROVIDE PER DIEM RATES IN ALL CATEGORIES.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	METHOD OF REIMBURSEMENT					
	Medicare (Title 18) Per Diem Rate	Medicaid (Title 19) Per Diem Rate	Other Government * Per Diem Rate	Private Pay Per Diem Rate	Family Care Per Diem Rate	Managed Care Per Diem Rate
ISN Intensive Skilled Care	\$	\$	\$	\$	\$	\$
SNF Skilled Care	\$	\$	\$	\$	\$	\$
ICF-1 Intermediate Care		\$	\$	\$	\$	\$
ICF-2 Limited Care		\$	\$	\$	\$	\$
ICF-3 Personal Care		\$	\$	\$	\$	\$
ICF-4 Residential Care		\$	\$	\$	\$	\$
DD1A Developmental Disabilities		\$	\$	\$	\$	\$
DD1B Developmental Disabilities		\$	\$	\$	\$	\$
DD2 Developmental Disabilities		\$	\$	\$	\$	\$
DD3 Developmental Disabilities		\$	\$	\$	\$	\$
TBI Traumatic Brain Injury	\$	\$	\$	\$	\$	\$
Ventilator Dependent (See Definition)	\$	\$	\$	\$	\$	\$

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

2. Inpatient Days by Age

- Number of inpatient days of service rendered to all residents UNDER AGE 65 in the facility during the reporting period
- Number of inpatient days of service rendered to all residents AGE 65 AND OVER in the facility during the reporting period
- TOTAL** inpatient days of service rendered (include all paid days), to ALL residents in the facility during the reporting period (January 1, 2002, to December 31, 2002), **(2a + 2b = 2c)**
- Average Daily Census (total inpatient days, line c, divided by the days of operation, 365 days, or as reported on page 1, item A.1.)

(Round to the nearest whole number, e.g., 34.0 - 34.4 = 34, 34.5 - 34.9 = 35)

E. PERSONNEL

1. Number of personnel employed by the facility. Enter all personnel on the payroll **and** consultant and/or contracted staff providing service for the **FIRST FULL TWO-WEEK PAY PERIOD IN DECEMBER**. Each person should be counted only once, in a respective work category. **INCLUDE IN-HOUSE POOL STAFF.** Note any special circumstances at the bottom of the page. If the facility is hospital-based, or operates with a community-based residential facility, include only those personnel (full-time, part-time and part-time hours) providing services to the residents of the nursing facility.

*Note: Part-time hours recorded **MUST** reflect the total number of part-time hours worked by all part-time personnel in the category for those two weeks. For example, if 2 physical therapists each worked 10 hours, there would be 20 part-time hours. DO NOT include "contract staff" hours in the part-time hours column.*

ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. DO NOT USE DECIMALS.

EMPLOYEE CATEGORY	Full-time Persons	Part-time Persons		Consultant and/or Contracted Staff (No. of Persons)
		Personnel	Hours	
1. Administrator				
2. Assistant Administrators				
3. Physicians (except Psychiatrists)				
4. Psychiatrists				
5. Dentists				
6. Pharmacists				
7. Psychologists				
8. Registered Nurses				
9. Licensed Practical Nurses				
10. Nursing Assistants/Aides				
11. Certified Medication Aides				
12. Activity Directors and Staff				
13. Registered Physical Therapists				
14. Physical Therapy Assistants/Aides				
15. Registered Occupational Therapists				
16. Occupational Therapy Assistants/Aides				
17. Recreational Therapists				
18. Restorative Speech Personnel Staff				
19. Certified Alcohol and Other Drug Abuse (AODA) Counselor(s)				
20. Qualified Mental Retardation Professional (QMRP) Staff				
21. Qualified Mental Health Professional Staff				
22. Dietitians and Dietetic Technicians				
23. Other Food Service Personnel Staff				
24. Medical Social Workers				
25. Other Social Workers				
26. Registered Medical Records Administrator(s)				
27. Other Medical Records Staff				
28. All Other Health Professional and Technical Personnel				
29. Other Non-health Professional and Non-technical Personnel (e.g., Secretarial, Office Staff, Single Task Worker, etc.)				
30. TOTAL (sum of lines 1 – 29)				

Number of hours in work week?
(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

ACCORDING TO S. 50.095(3)(b), WIS. STATS., SECTIONS E.2 & E.3 ARE *REQUIRED* TO BE COMPLETED.

- | DURATION OF SERVICE | Registered Nurses | | Licensed Practical Nurses | | Nursing Assistants/Aides | |
|---------------------------------|-------------------|-----------|---------------------------|-----------|--------------------------|-----------|
| | Full-Time | Part-Time | Full-Time | Part-Time | Full-Time | Part-Time |
| Hired in 2002 | | | | | | |
| a. Less than 6 Months | | | | | | |
| b. 6 Months to less than 1 Year | | | | | | |
| Hired Prior to 2002 | | | | | | |
| c. 1 Year or more | | | | | | |
| TOTAL (3a + 3b + 3c) | | | | | | |

(NOTE: FACILITIES FOR THE DEVELOPMENTALLY DISABLED DO NOT NEED TO COMPLETE QUESTION 4.)

- (Use the dates of 12/1/02 – 12/14/02 if possible, otherwise, use the first full two-week pay period in December.)*

[illegible]

F. LENGTH OF STAY FOR RESIDENTS ON DECEMBER 31, 2002

Of the total residents in the facility on December 31, 2002, how many have resided in the facility

1. Less than 100 days? _____
2. 100 days to 180 days? _____
3. 181 days to 365 days? _____
4. Less than 1 year **subtotal (F1 + F2 +F3)** *
5. 1 Year to less than 2 Years? _____
6. 2 Years to less than 3 Years? _____
7. 3 Years to less than 4 Years? _____
8. 4 Years or more? _____
9. **TOTAL (F4+F5+F6+F7+F8)** **

* **SUBTOTAL MUST** equal the total on Page 14, 6th column.

** **TOTAL MUST** equal the total on Page 10, line 4.

G. SUBACUTE CARE

1. Does the facility have a specialized unit dedicated for residents receiving subacute care? ☐ 1. Yes ☐ 2. No
 - a. If yes, number of beds in unit? _____
 - b. On December 31, 2002, how many residents were in that unit and receiving subacute care? _____
 - c. Is this unit accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing subacute care to your residents? ☐ 1. Yes ☐ 2. No

H. FAMILY COUNCIL

(See State Operations Manual, F25).

1. Does the facility currently have an organized group of family members of residents? ☐ 1. Yes ☐ 2. No
 - If yes, how often does the council meet?
(**check only one**)
 - ☐ a. Once a week
 - ☐ b. Once a month
 - ☐ c. Once in three months
 - ☐ d. Less than quarterly
 - ☐ e. As often as needed
 - ☐ f. Other (*specify*) _____

I. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2002

For each level of care and payer, indicate the number of residents in the facility **ON DECEMBER 31, 2002**, in the appropriate boxes.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	PRIMARY PAY SOURCE						TOTAL
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL		**					***

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

** TOTAL **MUST** equal the total Medicaid Eligible, in the following table.

*** TOTAL **MUST** equal the total on Page 10, line 4.

Note: If residents are listed in any category, provide the corresponding rate on Page 5, #1.

J. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2002

Of the total Medicaid residents in the facility on December 31, 2002, how many became eligible as Medicaid recipients

1. At the time of admission?
2. Within 1-30 days after admission?
3. Within 31 days to 1 year after admission?
4. More than 1 year after admission?
5. Unknown?
6. **TOTAL (J1+J2+J3+J4+J5)**

Males	Females	TOTAL
		*

* TOTAL **MUST** equal the total Medicaid residents in the above table.

K. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2001
(As reported on the 2001 survey, Page 10, Line 4.)

2. Admissions during the year from

- a. Private home/apartment with no home health services
- b. Private home/apartment with home health services
- c. Board and care/assisted living/group home
- d. Nursing home
- e. Acute care hospital
- f. Psychiatric hospital, MR/DD facility
- g. Rehabilitation hospital
- h. Other
- i. **Total Admissions** (sum of lines 2.a through 2.h)

3. Discharges during the year to

- a. Private home/apartment with no home health services
- b. Private home/apartment with home health services
- c. Board and care/assisted living/group home
- d. Nursing home
- e. Acute care hospital
- f. Psychiatric hospital, MR/DD facility
- g. Rehabilitation hospital
- h. Deceased
- i. Other
- j. **Total Discharges** (include deaths) (sum of lines 3.a through 3.i)

4. **Persons in the facility on December 31, 2002**

*Note: (Line 1, plus line 2.i, minus line 3.j, **MUST** equal the number reported on line 4.) Ensure that the total on line 4 is consistent with December 31, 2002, totals elsewhere on the survey.*

L. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission. Indicate the level of care and primary pay source **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2002**.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	PRIMARY PAY SOURCE OF RESIDENTS ADMITTED DURING THE YEAR						TOTAL
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL							**

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

** TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the following table.

2. Level of Care and Age. Indicate the level of care and age of residents **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2002**.

LEVEL OF CARE	AGE OF RESIDENTS ADMITTED DURING THE YEAR							TOTAL
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	
ISN								
SNF								
ICF-1								
ICF-2								
ICF-3								
ICF-4								
DD1A								
DD1B								
DD2								
DD3								
Traumatic Brain Injury								
Ventilator Dependent								
TOTAL								*

* TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the above table.

M. AGE AND PRIMARY DISABLING DIAGNOSIS FOR RESIDENTS ON DECEMBER 31, 2002

Each resident in the facility must be recorded **ONLY ONCE** in the category that best explains why he/she is in the facility.
The corresponding International Classification of Diseases code is listed after each diagnosis category.

PRIMARY DISABLING DIAGNOSIS (ICD-9 Code)	AGE GROUP							
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	TOTAL
Developmental Disabilities								
Mental Retardation (317-319)								
Cerebral Palsy (343)								
Epilepsy (345)								
Autism (299)								
Multiple Developmental Disabilities								
Other Developmental Disabilities*								
Mental Disorders								
Alzheimer's Disease (331.0, 290.1)								
Other Organic/Psychotic (290-294)								
Organic/Non-psychotic (310)								
Non-organic/Psychotic (295-298)								
Non-organic/Non-psychotic (300-302, 306-309, 311-314, 316)								
Other Mental Disorders (315)								
Physical Disabilities								
Paraplegic (344.1-344.9)								
Quadriplegic (344)								
Hemiplegic (342)								
Medical Conditions								
Cancer (140-239)								
Fractures (800-839)								
Cardiovascular (390-429, 439-459)								
Cerebrovascular (430-438)								
Diabetes (250)								
Respiratory (460-519)								
Alcohol & Other Drug Abuse (303-305)								
Other Medical Conditions**								
TOTAL								***

* Specify the **"Other Developmental Disabilities"** on a separate sheet of paper, or at the bottom of this page.

** Specify the **"Other Medical Conditions"** on a separate sheet of paper, or at the bottom of this page.

*** TOTAL **MUST** equal the total on Page 10, line 4.

If a resident is listed in any DD category, but is not shown at a DD Level of Care for their Primary Pay Source on Page 9, I, note the reason at the bottom of this page (e.g., the resident does not require active treatment, (N.A.T.), etc.).

Note: Ensure that the column totals in this table equal the row totals on Page 13, N.

N. AGE AND SEX OF RESIDENTS ON DECEMBER 31, 2002

Age	Males	Females	TOTAL
19 & under			
20-54			
55-64			
65-74			
75-84			
85-94			
95+			
TOTAL			*

* **TOTAL MUST** equal the total on Page 10, line 4.

Note: Ensure that the row totals in this table equal the column totals on Page 12.

O. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS ON DECEMBER 31, 2002

Indicate the number of residents on December 31, 2002, who have the following conditions and/or receive the following services or activities. Residents will be counted in each applicable category. Staff most familiar with resident's care and needs should complete this section (e.g., ward or unit nurse). The following items correspond to items in "Resident Census and Conditions of Residents," Form HCFA 672 (10-98).

Activities of Daily Living	Independent	Assistance of One or Two Staff	Dependent	TOTAL
Bathing				*
Dressing				*
Transferring				*
Toilet Use				*
Eating				*

* **TOTAL MUST** equal the total on Page 10, line 4.

Bowel/Bladder Status	Number of Residents	Special Care	Number of Residents
With indwelling or external catheter		Receiving respiratory treatment	
Occasionally or frequently incontinent of bladder		Receiving tracheostomy care	
Occasionally or frequently incontinent of bowel		Receiving ostomy care	
		Receiving suctioning	
Mobility		Receiving tube feedings	
Physically restrained		Receiving mechanically altered diets	
Skin Integrity		Medications	
With pressure sores (excludes Stage 1)		Receiving psychoactive medication	
With rashes		Other	
		With advance directives	

P. COUNTY OF RESIDENCE PRIOR TO ADMISSION: Information on this page is used by the Department of Health and Family Services to calculate county-specific nursing home bed needs and to recommend to the Legislature any changes in nursing home bed needs pursuant to s. 150.31, Wis. Stats.

In the first column, report the county of last private residence prior to entering any nursing home for all residents as of December 31, 2002. In the second column, report the number of residents admitted during 2002 and still residing in the nursing home on December 31, 2002. If the resident did not reside in Wisconsin, report the state of last private residence. **The number of residents reported in the second column CANNOT exceed the number reported in the first column.**

COUNTY	Number of residents on Dec. 31, 2002	Number admitted in 2002 and still a resident on Dec. 31	COUNTY	Number of residents on Dec. 31, 2002	Number admitted in 2002 and still a resident on Dec. 31
Adams			Monroe		
Ashland			Oconto		
Barron			Oneida		
Bayfield			Outagamie		
Brown			Ozaukee		
Buffalo			Pepin		
Burnett			Pierce		
Calumet			Polk		
Chippewa			Portage		
Clark			Price		
Columbia			Racine		
Crawford			Richland		
Dane			Rock		
Dodge			Rusk		
Door			St. Croix		
Douglas			Sauk		
Dunn			Sawyer		
Eau Claire			Shawano		
Florence			Sheboygan		
Fond du Lac			Taylor		
Forest			Trempealeau		
Grant			Vernon		
Green			Vilas		
Green Lake			Walworth		
Iowa			Washburn		
Iron			Washington		
Jackson			Waukesha		
Jefferson			Waupaca		
Juneau			Waushara		
Kenosha			Winnebago		
Kewaunee			Wood		
LaCrosse			LEGAL RESIDENCE OTHER THAN WISCONSIN		
Lafayette			Illinois		
Langlade			Iowa		
Lincoln			Michigan		
Manitowoc			Minnesota		
Marathon			Other		
Marinette			TOTAL	*	**
Marquette			<i>* TOTAL MUST equal the total on Page 10, line 4. ** TOTAL MUST equal Page 8, line 4.</i>		
Menominee					
Milwaukee					

Q. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2002

1. Of the residents on December 31, 2002, how many were placed under Chapter 51?
2. Of the residents on December 31, 2002, how many had a court-appointed guardian?
3. Of the adult residents on December 31, 2002, how many were protectively placed by court order under the Protective Services Act (Chapter 55, Wis. Stats.)?
4. Of the residents on December 31, 2002, how many had an **activated** power of attorney for health care?
5. Of the residents on December 31, 2002, how many have ever received PASARR Level II Screenings?
6. Of the residents identified in question 5, how many were determined to need special services for developmental disabilities?
7. Of the residents identified in question 5, how many were determined to need special services for mental illness?

Person responsible for completing this form
(***This is who will be contacted if further information is required.***)

Contact person's area code/telephone number EXT:

Area code/Fax number

Email Address

Nursing home's area code/telephone number
(***This number will be published in the Nursing Home Directory.***)

Does the facility have Internet access? ☐ 1. Yes ☐ 2. No

If you are the contact person for *another* nursing home, list the name, city and license number of that facility below.

Name

City

License Number

I certify that I have reviewed the information reported in this document for accuracy and the information is true and correct.

Name of Administrator (***type or print***)

SIGNATURE - Administrator

Date signed

FOR OFFICE USE ONLY			
COUNTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POPID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BQADISTR		<input type="checkbox"/>	

2002 ANNUAL SURVEY OF NURSING HOMES
INSTRUCTIONS AND DEFINITIONS

General Instructions

1. Facilities that do not meet the requirements of Section 1.173 of the Medicaid Nursing Home Methods of Payment will have payment rates reduced according to the following schedule:

25% for cost reports, occupied bed assessments and/or annual surveys between 1 and 30 days overdue.
50% for cost reports, occupied bed assessments and/or annual surveys between 31 and 60 days overdue.
75% for cost reports, occupied bed assessments and/or annual surveys between 61 and 90 days overdue.
100% for cost reports, occupied bed assessments and/or annual surveys more than 90 days overdue.

The number of days overdue shall be measured from the original due date, without extension, of the cost report, occupied bed assessment and/or nursing home survey. The rates will be retroactively restored once the cost report, occupied bed assessment and/or nursing home survey is submitted to the Department.

2. Report all data for a 12-month period, ending December 31, 2002, regardless of changes in admission, ownership licensure, etc.
3. All resident utilization data (inpatient days, resident counts, etc.) MUST reflect residents to whom beds are assigned even if they are on a temporary visit home.
4. Do not include as an admission or a discharge, a resident for whom a bed is held because of a temporary visit home.
5. Notation of resident count consistency checks appear throughout the survey. Differences found may require a follow-up phone call.
6. If answers cannot be typed, print the answers legibly.

Definitions for Specific Sections

B. SERVICES

1. Services to non-residents: Check the box for each service provided by the facility to persons who are not residents of the facility.
 - a. Home Health Care: Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.
 - b. Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.
 - c. Day Services: Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.
 - d. Respite Care: Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular caregiver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.
 - e,f Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Benefits include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.
 - g. Congregate Meals: Meals provided to persons in supportive service settings in order to promote socialization, as well as adequate nutrition. Nutrition education is an integral but subordinate part of this program.

- h. Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.
 - i. Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.
 - k. Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.
8. Hospice services to non-residents: Focuses on dying at home as an alternative to aggressive medical care in a hospital. It helps the resident and the resident's family cope with dying by offering support services.
10. a. Locked Unit: A ward, wing or room which is designated as a protective environment and is secured in a manner that prevents a resident from leaving the unit at will. A facility locked for purposes of security is not a locked unit, provided that residents may exit at will.

C. UTILIZATION INFORMATION

- 1. Beds Set Up and Staffed: Report the number of beds which are immediately available for occupancy and for which staff have been allocated.
- 2. Licensed Bed Capacity: Report the number of beds for which license application has been made and granted by the Division of Supportive Living.

D. RESIDENT INFORMATION

- 1. Level of Care and Method of Reimbursement: Complete the table by reporting the per diem rate in the appropriate level of care and payer box. If per diem rates vary for residents at the same level of care and pay source, report an average per diem rate.

Managed Care: Managed care is a type of health insurance plan. It generally charges a per person month premium regardless of the amount of care provided. They may also have certain co-payments and deductibles that members may have to pay. Generally, the managed care program assumes the risk for any services that they authorize for a given enrollee. All care and services are generally provided by providers that work or are under contract to the managed care organization.

ISN - Intensive Skilled Nursing Care: ISN is defined as care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SNF - Skilled Nursing Care: SNF is defined as continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: ICF-1 is defined as professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illness or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: ICF-2 is defined as simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by or under the supervision of a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: ICF-3 is defined as personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: ICF-4 is defined as care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: DD1A care level is defined as all developmentally disabled residents who require active treatment whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: DD1B care level is defined as all developmentally residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward self or others which may be dangerous to health or welfare.

DD2 Care Level: DD2 care level is defined as moderately retarded adults requiring active treatment with an emphasis on skills training.

DD3 Care Level: DD3 care level is defined as mildly retarded adults requiring active treatment with and emphasis on refinement of social skills and attainment of domestic and vocational skills.

Traumatic Brain Injury (TBI): Resident in the age group of 15-64 years, who has incurred a recent closed or open head injury with or without injury to other body regions. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: Resident who is dependent on a ventilator for 6 or more hours per day for his or her respiratory condition. The provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

E. PERSONNEL

1. For each category on Page 6, report the number of full-time, part-time and contracted staff. In the hours column, **report hours for part-time staff only**, for the first full two-week pay period in December. If the facility operates with a hospital, prorate staff and hours for the nursing home unit. Staff, hours and consultants **MUST** be rounded to the nearest whole number.
4. Direct Care: Nursing and personal care provided by a Director of Nursing, Assistant Director of Nursing, Registered Nurse, Licensed Practical Nurse or a Nurse Aide to meet a resident's needs.

Registered Nurse: A nurse who is licensed under s. 441.06 or has a temporary permit under s. 441.08. [s. 50.01(5r), Wis. Stats.].

Licensed Practical Nurse: A nurse who is licensed under s. 441.10 or has a temporary permit under s. 441.10(e), [s. 50.01(1w), Wis. Stats.].

Nurse Aide: A person on the Nurse Aide Directory who performs routine direct patient care duties delegated by a RN or LPN. In federally-certified facilities, Nurse Aides must not have a substantiated finding, and must have worked in a health care setting under RN or LPN supervision for a minimum of 8 hours in the prior 24 months.

Other Direct Care Nurse Aide: A person on the Nurse Aide Directory who works primarily under a different job title. Their hours are counted for state staffing requirements only when providing direct resident care.

G. SUBACUTE CARE

1. A comprehensive inpatient program designed for the individual who has had an acute event as a result of an illness, injury, or exacerbation of a disease process; has a determined course of treatment; and does not require intensive diagnostic and/or invasive procedures.

H. FAMILY COUNCIL

- 1a. *Active* is defined as if the facility currently has an organized group of family members of residents, i.e., a group(s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to support each other; to plan resident and family activities; to participate in educational activities or for any other purpose.

I. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2002

See RESIDENT INFORMATION, pages 17 & 18, for definitions of DD levels.

J. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2002

Report the number of Medicaid residents, in the facility on December 31, 2002. Entries made here **MUST** reflect the correct period of time during which the resident became eligible for Medicaid coverage.

K. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2001: Report residents on December 31st, 2001, (rather than January 1st, 2002), in order to eliminate discrepancies in this one-day count of residents. The December 31st, 2001 count **MUST** include residents admitted and discharged up until midnight and **MUST** match the figure reported on the 2001 Annual Survey of Nursing Homes, Page 10, line 4.
2. Admissions: Number of residents formally admitted for inpatient services during the calendar year. Do not include persons returning to the facility from a temporary visit home (see LTC RAI User's Manual, Page 3-2), or hospital stay when return to the nursing facility is expected. If an individual was formally admitted more than once during the calendar year, count each occurrence as a separate admission.
3. Discharges: Number of residents formally discharged from inpatient services during the calendar year. This includes discontinuation of inpatient service that would require a new admission to return to the facility. Do not include persons on a temporary visit home (see LTC RAI User's Manual, Page 3-2). If an individual was formally discharged, more than once during the calendar year, count each occurrence as a separate discharge.

L. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission: Report the number of residents who were admitted during 2002. Entries made here **MUST** be the resident's level of care and primary pay source at the time of admission.
2. Level of Care and Age: Report the number of residents who were admitted during 2002. Entries made here **MUST** be the resident's level of care and age at the time of admission.

M. AGE AND PRIMARY DISABLING DIAGNOSIS

Report the age and primary disabling diagnosis for residents in the facility on December 31, 2002. Count each resident only once.

Primary Disabling Diagnosis Definitions

DEVELOPMENTAL DISABILITIES: Disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or another condition closely related to mental retardation or requiring treatment similar to that required by mentally retarded individuals, which has continued or can be expected to continue indefinitely, substantially impairs the individual from adequately providing for his/her own care and custody, and constitutes a substantial handicap to the afflicted individual.

Mental Retardation (ICD-9 317-319): Subnormal general intellectual development, originating during the developmental period, and associated with impairment of learning, social adjustment and/or maturation. The disorder is classified according to intelligence quotient as follows:

68-83:	borderline
52-67:	mild
36-51:	moderate
20-35:	severe
under 20:	profound

Cerebral Palsy (ICD-9 343): A persisting qualitative motor disorder appearing before the age of three years due to non-progressive damage to the brain.

Epilepsy (ICD-9 345): Paroxysmal, transient disturbances of brain function that may be manifested as episodic impairment or loss of consciousness, abnormal motor phenomena, psychic or sensory disturbances, or perturbation of the autonomic nervous system. Four subdivisions are recognized:

- Grand Mal
- Petit Mal
- Psychomotor Epilepsy
- Autonomic Epilepsy

Autism (ICD-9 299): Condition of being dominated by subjective, self-centered trends of thought or behavior that are not subject to correction by external information.

Multiple Developmental Disabilities: Combination of more than one of the above.

Other Developmental Disabilities: Any residual developmental disabilities and Dyslexia (an inability to read understandingly due to a central lesion).

MENTAL DISORDERS:

ICD-9 331, 290.1-Alzheimer's Disease

Organic/Psychotic ICD-9 290-Senile dementia (excluding 290.1)
ICD-9 291-Alcoholic psychoses
ICD-9 292-Drug psychoses
ICD-9 293-Transient organic psychotic conditions
ICD-9 294-Other organic psychotic conditions (chronic)

Organic/
Non-psychotic ICD-9 310-Specific non-psychotic mental disorders due to organic brain damage

Non-organic/
Psychotic ICD-9 295-Schizophrenic disorders
ICD-9 296-Affective psychoses
ICD-9 297-Paranoid states
ICD-9 298-Other non-organic psychoses

Non-organic/
Non-psychotic ICD-9 300-Neurotic disorders
ICD-9 301-Personality disorders
ICD-9 302-Sexual deviations and disorders
ICD-9 306-Physiological malfunction arising from mental factors
ICD-9 307-Special symptoms or syndromes, not elsewhere classified
ICD-9 308-Acute reaction to stress
ICD-9 309-Adjustment reaction
ICD-9 311-Depressive disorder, not elsewhere classified
ICD-9 312-Disturbance of conduct, not elsewhere classified
ICD-9 313-Disturbance of emotions specific to childhood and adolescence
ICD-9 314-Hyperkinetic syndrome of childhood
ICD-9 316-Psychic factors associated with diseases classified elsewhere

Other Mental
Disorders ICD-9 315-Specific delays in development

PHYSICAL DISABILITIES:

Paraplegic (ICD-9 344.1-344.9): A person with motor and sensory paralysis of the entire lower half of the body.

Quadriplegic (ICD-9 344.0): A person totally paralyzed from the neck down.

Hemiplegic (ICD-9 342): A person paralyzed on one side of the body.

MEDICAL CONDITIONS: Diseases of the nervous system, cardiovascular system, respiratory system, gastrointestinal system, locomotor system, or persons with dermatological problems, hematological problems, metabolic and hormonal disorders, or with a combination of the aforementioned conditions or other medical diagnoses.

Alcohol and Other Drug Abuse (ICD-9 303-305): A person who uses alcohol and/or other drugs to the extent that it Interferes with or impairs physical health, psychological functioning, or social or economic adaptation; including, but not limited to, occupational or educational performance, and personal or family relations. Includes persons defined as "alcoholics," persons who need ever-larger amounts of alcohol to achieve a desired effect; persons lacking self-control in alcohol use; or persons who exhibit withdrawal symptoms when they cease alcohol consumption.

- O. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS: Report the number of residents on December 31, 2002, who have these conditions. Residents **MUST** be counted in each category that applies.

Q. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2002

1. Chapter 51: Mental Health Act. To provide treatment and rehabilitative services for all mental disorders and developmental disabilities and for mental illness, alcoholism and other drug abuse. 51.42 Board established under this chapter, at the county level, to provide integrated services to DD, MI and AODA. 51.437 Board established under this chapter, at the county level, to provide services to developmentally disabled.
2. Guardians: An adult for whom a guardian of the person has been appointed by a circuit court under Chapter 880 because of the subject's incompetency.
3. Chapter 55: Protective Services Act. Court. (i.e., judge) formally ordered protective placement for institutional care of those who are unable to adequately care for themselves due to infirmities of aging.
4. Activated Power of Attorney: An individual's power of attorney for health care takes effect ("activated") "upon a finding of incapacity by 2 physicians, or one physician and one licensed psychologist, who personally examine the principal and sign a statement specifying that the principal has incapacity." (s. 155.02 (2), Wis. Stats.)

***If you have any questions, call Kitty Klement (608-267-9490), Jane Conner (608-267-9055),
Lu Ann Hahn (608-266-2431) or Kim Voss (608-267-1420).***

Thank you for your cooperation.